Lecture

INTRODUCTORY TO THE COURSE ON SURGERY.

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GENTLEMEN,—It is my usual custom to proceed at once to the proper subject of my lectures, without any general introductory remarks. As the opening of this session, however, completes thirty years during which I have lectured on surgery, I have thought it well to try whether I could not make my experience useful as an introduction to the present course. To have lectured on a special department of medical science during a whole generation implies having witnessed much change and progress; and as I had taught anatomy and practised surgery for many years prior to my commencing a formal course of lectures on the latter subject, I fear I can claim a much longer period for my retrospect. I have no intention of entering on the improvements in, or the additions made to, special departments of surgery, as I did so to some extent in my Address on Surgery at the meeting of the British Medical Association in 1875.[a] To enumerate all that has been done during the long period I review would be tedious, whilst it would scarcely bring out the kind of progress. The advance has been along the whole line; in modifying, improving, and restoring methods of treatment previously in use, as well as in furnishing us with new resources and enlarging the range of our operations. All I shall attempt will be to express what has most struck me in comparing my recollections of the surgery of forty-five years ago with the surgery of the present; to consider what are the causes which have led to advance; and see if we can throw out any suggestions which may be useful in enabling you to avoid certain errors and to promote true progress.

In looking back on surgery as I first recollect it, I confess that my feeling was to question whether the surgery of the present was equal to the great surgery of that time. Surgery had just then taken great strides in advance. Operations which had been hardly suggested previously, such as those on the jaws, the ligature of the great arterial trunks, and other brilliant feats, had been boldly and successfully carried out with a dexterity never likely to be surpassed. Conservative surgery, in substituting excisions for amputations in certain cases, had been revived and established on surer principles; whilst the treatment of the more ordinary surgical diseases and injuries had been modified and simplified so as to leave but little room for improvement. And it was a time of master spirits. It was the era of Dupuytren, Lisfranc, Roux, Velpeau, and Delpeche, in France; Sir Astley Cooper, Charles Bell, Abernethy, Brodie, and Lawrence, in England; whilst Edinburgh could boast of Liston, Lizars, Syme, and Fergusson. These were masters whose spirit has told upon the progress of our science, not only by the work they did themselves, but by the enthusiasm they created in their pupils. I know that in speaking thus I may be regarded as *laudator temporis acti*, and perhaps it is difficult in such a retrospect to rid oneself of the glamour of early impressions. All I wish to do, however, is merely to vindicate the brilliant position which surgery had attained some forty-five years ago. I certainly do not intend to take up the proverb that "the former times were better than these"; on the contrary, my object to-day is to assert that there has been advance, and to consider to what it is due. But for this purpose it is essential to define clearly the position of surgery, at our starting point.

On looking at the present state of surgery as compared with these early recollections, the things which strike me most forcibly are—(1) how much more generally the treatment of important surgical cases and the performance of surgical operations are undertaken by the profession; (2) the care and precision with which operations can now be performed; and (3) the larger and constantly increasing range of operative surgery.

Formerly, comparatively few but those who practised as pure surgeons undertook the more serious cases and the greater operations. No doubt, at all times, in our larger provincial towns, and even in country districts, there have been men who gained a well-earned reputation as surgeons and operators, and who did not a little to advance surgical science by their observations and contributions to its literature. Now, however, throughout the length and breadth of the land, in the country as well as in the larger towns, many general practitioners perform most of the great operations.

The causes which have led to this change are, I believe, the same which have produced advance in the other lines to which I have alluded, and, indeed, the progress of surgery as a whole. It might be considered as most obviously due to a higher and better system of education. It may be said, your schools send out men more fully equipped than formerly, and they, very naturally, are unwilling to leave their acquirements unemployed. The importance of higher education, the advantages possessed for practical study, and the value of applied science in furnishing means of exact diagnosis, are evident. There could be no real advance without them, and I shall have something to say about this immediately; but the higher education will not altogether account for the more general practice of operative surgery by the profession, nor, indeed, for the other two conditions in which progress in the surgery of the present is so observable. Formerly, many men highly educated never operated. It is stated that the illustrious anatomist, Haller, although he regularly demonstrated the operations on the dead body, and was frequently consulted in planning operations, never ventured to operate on the living; and, in like manner, many men who possessed the required knowledge wanted the necessary nerve. The truth is that operative surgery is easier of practice now, and disarmed of many of the dangers and terrors which formerly made an operation a trying ordeal for the surgeon as well as for the patient. If I am asked what has most conduced to this, and has most advanced the progress of surgery, both directly and indirectly, during the last forty years, I reply without hesitation, "the use of anæsthetics." I say so after experience in operating both before and since their introduction. Before their use I had performed most of the operations of surgery, many of them repeatedly, and was in the constant habit of witnessing and assisting at others. Looking back at that time, whilst those who did operate were cool enough, I can well recollect the distractions and annoyances which the surgeon had to encounter from the struggles and cries of the agonised patient, and the risks in dissections near important structures from some sudden involuntary movement. In some operations, as lithotomy in the adult, it is almost impossible to convey an idea of the difficulties, frequently superadded by muscular spasm and struggling. As to the use of anæsthetics in influencing the results of operations, not to speak of the intense shock which the patients must have endured during an operation, prior to their use, you can easily understand that they naturally put off the evil day as long as possible; too frequently until the disease had seriously affected the constitution, and thus greatly diminished the chances of recovery. Now all is changed. If the anæsthetic be properly administered, the patient thoroughly brought under its action and carefully watched, he lies perfectly still, and the operator can proceed deliberately without haste or distraction. Then as to the value of anæsthetics in influencing the care and precision with which an operation can be performed now, we find that exemplified in some of the greatest modern triumphs of surgery in such operations as ovariotomy and other abdominal sections—operations looked upon formerly, and not without cause at the time, as almost unwarrantable, but which now rank amongst the most successful operations of surgery. Formerly, in these, as in other operations, rapidity in operating was almost essential, to save shock. Hence imperfect arrest of bleeding from smaller vessels in dividing the parietes before opening the peritoneal cavity, then undue handling and exposure of parts, thence fatal results. Now every step is taken leisurely and methodically; all bleeding from small vessels divided in making the parietal section is arrested before the peritoneum is incised, all manipulation or exposure of parts as far as possible avoided, and after removal of the tumour, when all oozing has been arrested and thorough cleansing of the wound accomplished, the most careful suture of the divided parietes

and peritoneum is performed with such care and delicacy that I find this part of the operation spoken of lately "as *accomplishing the peritoneal toilette*." And thus care and precision in operating result in deserved success. But without anæsthetics could an operation such as I have described, requiring such leisure and care, have been performed? This invaluable aid to surgery has thus not only alleviated, or, I should rather say, abolished the suffering of the patient, but enabled the surgeon to perform successfully, by care and precision, operations formerly deemed unwarrantable. It has further facilitated greatly examinations required for accurate diagnosis, and finally has enlarged the range of cases of disease and deformity in which surgical operations may be justifiably performed. It is true that the impetus given to interference in cases of deformity preceded by a considerable period the introduction of chloroform; but division of tendons and such operations were not attended with much pain, and though I can recollect a good deal of suffering endured to obtain a doubtful facial improvement when the Talicotian operation first became fashionable here, and though Sir Astley Cooper used to mention the case of a gentleman with bowed legs who submitted to have their curves rasped down by an ingenious friend, and though the saying "Pride feels no pain," may be to some extent true, I beg leave to doubt whether the various osteotomies for knock-knee and other deformities would now be so frequently submitted to except for the use of anæsthetics.

It is just thirty-two years last September since a letter from Mr. Liston to my predecessor, Professor Miller, triumphantly announced that he had performed an operation on a patient under the influence of ether, and that the man had been quite unconscious of its performance. The researches of Simpson, which resulted in the discovery of the anæsthetic properties of chloroform, speedily led to its general adoption. I first had the opportunity of using it in a great operation (an amputation of the shoulder-joint) in the country in the beginning of November in the same year (1847) with perfect success, and since then I have seldom performed an operation, or seen one of any magnitude performed, without the use of chloroform or other anæsthetic.

The use of anæsthetics has been almost an unmixed blessing, for though it could hardly be expected that agents so potent as to annul pain and induce unconsciousness, should be altogether devoid of risk, and though most surgeons have met with alarming cases during their use, the actual loss of life has been almost infinitesimal when compared with the numbers of cases in which they have been used. In all my own experience in operating I have had but one fatal case, and I believe not more than seven or eight cases, if so many, have occurred in the Royal Infirmary during the thirty-two years anæsthetics have been in constant use. On these grounds I look upon the introduction of anæsthetics into surgical practice as the most notable of all the impulses to the advance of surgery.

Other aids less remarkable, but of great practical importance, have also done their part to rob operative surgery of its difficulties and terrors—e.g., the bloodless surgery of the present day, whether by Esmarch's method or by the use of the galvanic or thermo-cauteries. Though in one sense these cannot be spoken of as new in principle, yet as now used they are so improved that I may fairly include them as practically new aids to surgery. Esmarch's method in operations on the limbs enables us to avert all loss of blood, and to proceed in prolonged and complicated excisions and dissections as leisurely, and seeing parts as clearly, as on the dead body. Thus the terrors of hæmorrhage so graphically described by John Bell no longer exist for the young surgeon.

But whilst these aids have so modified and simplified the art of surgery that they stand prominently out as causes of progress, they would be valueless if unaccompanied by the only sure element of true progress—a higher education. That is all-important, even as regards the performance of an operation; however still the patient, however bloodless the incisions, there could be neither safety nor precision if the operator was deficient in anatomical knowledge, or had only vague notions of the principles and plan on which he was to proceed. But medical education has made very great advances both as regards the development of our science and the thoroughness of teaching, and the result has been more solid acquirements and a more highly educated profession.

No one who has witnessed the progress of medical science, least of all those who can look back on such a period as I do to-day, will hesitate to admit the benefits conferred by more thorough education. I almost envy the facilities for studying anatomy by dissection possessed by the students of the present time, though I sometimes think it might be well if they could feel some of the difficulties of the past, so that they might estimate more highly the advantages of the present. The means now enjoyed for the practical investigation of minute structure, healthy and diseased, the improved and more exact methods of teaching physiology and pathology, together with the aids given by the application of physical science in furnishing us with instruments of precision for the purposes of diagnosis and clinical observation, are so obviously connected with, and form so solid a basis for, true progress that I need not dwell on them in detail. My experience of the past rather suggests certain risks, not inherent in, but attending, such new acquisitions and advantages, unless we accept and use them properly. One error is that in acquiring something new, we are apt to cast aside the old as useless, or at all events less valuable, instead of accepting the new as an addition to, a development, an extension, of our knowledge. If the student of medicine be carried away by the attractions of histological research and transcendental anatomy, to the neglect of ordinary dissection as it is called, instead of regarding all parts of anatomical science as forming one great whole, his anatomical knowledge will be seriously defective. If the clinical student, exulting in all the modern means of exact physical diagnosis, neglect or throw aside the methods of observation and examination on which his predecessors relied, he will find that he has thrown aside much which if properly combined with recent aids would have rendered his diagnosis more exact. There is value, not easily defined perhaps, but real value, in the practised sight and touch; correlations between these senses and the brain. The sphygmograph is probably destined to play an important part in the medicine of the present day, or of the immediate future, but I would be loth to trust to a mechanical appliance, however delicate and exact, for the same kind of information as to the character and quality of the pulse which is conveyed by the educated touch of the living finger.

Do not misunderstand me. I look upon the modern aids to physical diagnosis and clinical observation as amongst the very greatest additions to our resources, and I consider their practical study and use as imperative on everyone who would keep abreast of or advance the progress of medical science. As I have warned you against trusting to these new appliances to the exclusion of other methods, so I would warn you, on the other hand, against giving up their study if you do not find them answer all your expectations.

You must, in the first place, recollect that these mechanical aids are not exactly self-acting, that you require to exercise patience and judgment in attaining the habit of using them. Then, like all human inventions, they are not quite perfect at first. Some you will soon learn to appreciate; others, as the endoscope, from the difficulties in using the illuminating power and the limited field of view which its calibre permits, may disappoint; but in such instances our duty is to try to overcome difficulties, to use these aids meanwhile so far as available, and to try to improve them.

The "pocket sphygmograph" of the present may look somewhat formidable, but the pocket watch of the ancient physician was not a thing to be lightly regarded, and possibly the sphygmograph may by and by assume less formidable proportions.

The modern aids to clinical observation, as exemplified in the clinical thermometer, and the methods of careful examination of the various secretions and excretions, can scarcely be too highly prized, and form marked advances. They are, I should say, if possible, even more useful in surgery than in medicine, just because in surgery our attention is more apt to be fixed upon the wound or local injury, to the exclusion of constitutional conditions. The clinical thermometer, when its markings are carefully registered, often serves as a "storm signal" to the surgeon, indicating some latent mischief, whilst as yet there is nothing in the general appearance of the patient or of the wound to excite alarm; whilst the careful examination of the secretions and excretions will often decide him in delaying or avoiding operations.

Hitherto I have been speaking of those departments in which the advance has been most conspicuous and most easily determined; but in regard to the treatment of disease, the end to which all else are but means, it is more difficult to speak. There has been no lack of new remedies and

appliances, whether internal or external, proposed; but it is by no means so easy to decide as to their value, just because the methods of testing their mode of action, until a comparatively recent period, have not been exact. In that department of therapeutics which deals with internal remedies the difficulties in determining their *modus operandi* by exact methods of physiological research are very great, whilst by clinical observation alone the relation of cause and effect, the *post hoc vel propter hoc*, is not easily decided. At one time during the period I am surveying it seemed as if accuracy in diagnosis and exact knowledge of morbid lesions were to form the goal of medical science. Medical men began to question the adequacy of supposed remedies to cure the morbid conditions observed; they became sceptics as to treatment beyond what they termed "expectant"; they contented themselves with a dignified observation of what nature would do; like Mr. Micawber, they waited to see what would "turn up." The truth is, that both in medicine and surgery there had been too much interference, and so the inevitable swing of the pendulum resulted in what was considered a "masterly inactivity."

Now there seems the dawn of a clearer day. More exact methods of investigation seem to promise, indeed have already produced, more solid results; carefully conducted physiological observations have taken the place of the cruder methods, which often resulted in some remedy becoming fashionable as an almost universal panacea, and then vanishing into space. The recently concluded researches of my esteemed colleague, Professor Rutherford, on the action of cholagogues, form a model of patient labour and exact investigation in determining the action of certain drugs; whilst Dr. Lauder Brunton and other graduates of this University have done good service in this field. The value of surgical therapeutics, of local remedies and appliances, seems less difficult to determine, because the effects of local remedies and methods of treatment can be more readily watched and judged of; yet there is great need of more exact observation and investigation even in this department, for in surgery, as in medicine, there is a tendency to fashion in methods of treatment. In regard to the results of every method of local treatment, there is one thing the surgeon should keep before his mind—that certain constitutional conditions may interfere unfavourably with the wound or local disease, whatever may be the treatment; and we should beware of trusting to infallible methods, or so concentrating our thoughts on one part of the treatment as to exclude others equally important.

I know there is a charge brought against unfortunate seniors like myself, that we are disposed to reject, or look askance at, all new methods of investigation or treatment—that we get stereotyped in fact. I do not admit that charge, nor do I think it will stand thorough examination. It is true that the seniors may be somewhat slower than the junior members of our profession in giving their adhesion to all that is novel. A surgeon of long experience has seen a great many new things come in amidst acclamation and go quietly out, and so he becomes gradually less trustful, perhaps unduly sceptical. Another reason is the manner in which the advocates of new methods claim for them immense superiority, or even infallibility, and ignore the success of other modes of treatment. This very naturally excites distrust in the senior, for he knows that the statements are not in accordance with what he has himself witnessed, and so he may be prevented from accepting what is good in a new system. So much for seniors.

There remain a few suggestions I would offer to those who are about to enter the profession, for there are certain habits to cultivate, and some to avoid. If you would practise scientifically and successfully, be careful to attain a thorough knowledge of sound principles to guide your actions, and have them so clear and succinct, so ready at hand, as to be available in difficulties. Avoid studying the different branches of the medical curriculum as if the more purely scientific had no relation to the practice of your profession; believe me they all have important bearings on it, and it is just the habit of applying them to the diagnosis and treatment of disease which constitutes the difference between a scientific and a mere routine practitioner. There is nothing strikes me more in giving a student a case to examine in hospital than the want of this habit of using the knowledge he possesses of anatomy, physiology, and pathology, to diagnosis. Then acquire the habit of watching different methods of treatment, and forming your independent opinion after fair observation. I am a strenuous advocate for dogmatic teaching on practical subjects, like medicine and surgery, that the student may not be left confused and undecided in consequence of conflicting opinions. I feel that if after long experience I have arrived at decided views and mode of action in my own practice, I am entitled and bound to tell my pupils how I would act, and why; but then the student should not rest there, but endeavour by thoughtful observation to satisfy himself as to the principle of action. Ours is a progressive science, and I would not like to see surgery "stereotyped" either in my pupils or myself.

In conclusion, gentlemen, don't expect too much. Remember that ours cannot be classed amongst the exact sciences, for we have to deal with that "unknown quantity" *Life*, with all its undefined effects on the human frame, and with the peculiarities of individual patients. If, when engaged in clinical work, you find prognosis fail, or when accurate diagnosis only reveals some lesion for which, as yet, no remedy is known, you may feel discouraged. But don't lose faith in your science. The terse historic summary of Scripture "Joseph died, and all his brethren, and all that generation," will doubtless be the history of all the generations to come, as it has been of the past. But equally true it is that in the past and in the present our science has done and is doing much to relieve human suffering and prolong life. And so when you meet with disappointments don't despond; rather let them stimulate you to fresh efforts to advance scientific progress, and to reduce to a minimum the failures of our art.

Clinical Lectures
ON
SOME CASES OF HEART DISEASE.

Delivered at the Hospital for Consumption and Diseases of the Chest, Brompton,

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LECTURE I.[1]

GENTLEMEN,—Before directing my remarks more particularly to the cases which I shall bring before you for examination to-day, there are some facts and opinions respecting the conditions and relations of the normal heart to which I will briefly refer in order that we may understand one another if future reference be made to them. I need not detain you by describing the to you well-known position of the heart, but I will observe that, examined more nearly and separately, the attachments and connexions of the heart are found to be to movable points and to elastic structures. Whether we look to the ever-moving surface of the diaphragm on which it rests, or to the arched and elastic aorta and main vessels by which it is upheld, or, again, to the elastic lungs which envelop it on either side, we observe, I say, each attachment unfixed, and with a tendency to shift; so that the heart is held in position, balanced, as it were, by the convergence to it of elastic chords—for as such the diaphragm, the lungs, and the vessels, may in this view be regarded—which hold it within bounds rather by a series of spring checks than by opposing to its displacement any solid resistance.

Were it otherwise—were the heart surrounded by stationary fixed organs, instead of by those whose tendency is to withdraw from its surface, it is obvious that it would become in many of its vicissitudes subjected to serious compression. An effusion into the pericardium, for instance, intruding between the heart and the organs closely applied to it, must soon suffice to counteract the feeble pressure of the blood returning to its chambers in diastole, were it not that, in fact, the lungs retreat before the accumulating fluid, and, until the lax and capacious pericardium becomes distended so that its tense parietes react upon the heart,

[1] This lecture has been considerably curtailed, and all details of demonstration omitted.

no intra-pericardial pressure is possible.[2] In distension of the abdomen by flatulence, ascites, or pregnancy, in effusions into the pleura, and in the numerous violent shocks to which in our daily life and amusements we are frequently subject, the heart is protected from pressure. And yet, with all this freedom, its mean position scarcely varies a fraction of an inch throughout healthy life.

The forces of which I have been speaking—the traction of the diaphragm, the lungs, and the elastic vessels—are of but feeble tension, but they are of constant action, and one more important effect which they have upon the centre of the circulation is to assist during diastole the filling of the heart's cavities.

Respecting the circulation generally and the innervation of the heart I have nothing now to say. As to the sounds of the heart every conceivable explanation has been suggested and insisted upon with much eloquence and warmth as accounting for them. We have now no doubt, however, that there are at least two important factors concerned in the first sound—viz., the sudden tension of the ventricular wall and that of the auriculo-ventricular valves, the mitral valve more particularly. It is one of the auscultatory features of the weak or fatty heart that the systolic sound is purely valvular and flapping in character, not being associated with any muscular sound. Doubtless, also, in excited action, the direct knocking of the ventricle against the thorax may add to the normal sound. Respecting the second sound there has been less dispute, the tension of the aortic and pulmonary valves being universally admitted as a sufficient cause.

By this simple method of testing the valves of the heart (by means of a syphon with a fall of nine feet of water, the metal nozzle of which is inserted alternately into the several orifices of the heart) the absolute perfection of the mitral valve in resisting regurgitation under any pressure of distension is well shown; the greater the pressure the more absolute the closure of the valve. It is not so with the tricuspid valve; you will observe that under considerable pressure (about nine feet of water) a twisted triangular stream regurgitates through the tensely closed valve.

My object in submitting to you these familiar facts is to remind you that the closure of the mitral and tricuspid valves is a mere matter of fluid pressure, just as we observe the closure of the semilunar valves to be, the papillary muscles, as such, and so far, having nothing to do in the matter beyond being part of the chords which support the valves. We cannot thus, however, fairly estimate the perfection of the mitral (or tricuspid) as a living valve, for this depends largely on the papillary muscles, which, contracting with the systole of the ventricle, maintain the tension of the chords during the approximation of their valve and ventricular attachments. The papillary muscles are believed to be concerned in the production of some murmurs not due to disease of the valve itself. It not unfrequently happens in some cases of hypertrophied heart that, from some cause or another—e.g., the oncoming of an acute lung complication—the pressure upon the ventricle is greatly increased, and we get rapid yielding of its walls and an apex systolic murmur produced. It is commonly believed that this murmur is due to the auriculo-ventricular orifice becoming dilated "beyond the tether of the valves," which thus permit of regurgitation. I think, however, we have all seen cases in which, the lung troubles having subsided under judicious management and rest, the relieved ventricle has rapidly resumed its former dimensions, and the murmur has disappeared. Now, were the murmur in the first instance due to dilatation of the rigid tendinous mitral orifice in such degree as to be beyond the tether of the valves, it is difficult to conceive how such reparation should occur.

A different and more tenable explanation is at hand, however—viz., that the ventricle itself becoming acutely dilated, the papillary muscles to which the chordæ tendineæ are attached are displaced outwards to a circle of wider arc; the valves are thus dragged upon, and their accurate closure interfered with, by the tightened chords, the direction of whose traction is also somewhat changed, and when systole takes place blood is forced between the leaflets, the breach being maintained rather than closed by the contraction of the papillary muscles.

In more chronic and less remediable cases the papillary muscles become stiffened and degenerated with the rest of the ventricle, and begin to fail in contracting and supporting the valve during systole. When, in cases of heart disease, the mitral orifice becomes dilated I believe the lesion, within the smallest possible limits, to be abiding.

In the first two cases of mitral disease which I will now ask you to examine—Case 1, that of a girl aged twelve, whose heart disease dates from rheumatic fever, two years and a half back; Case 2, that of a woman aged twenty-five, who at ten years old had rheumatic fever—you will observe that the murmurs at the apex (mitral systolic), although very distinct, are yet heard with, and in addition to, the first sound, which they do not wholly replace. There is but very little hypertrophy present, although the valve lesion is of some duration; and the patients are but little disabled by their heart disease, which, in fact, is better described as a *mitral leaking* than a mitral regurgitation. One of them, however, is unfortunately the subject of advanced phthisis.

If you contrast these two cases with others now in the room in which the mitral valve is more seriously damaged, and particularly with one in which there is stenosis as well as regurgitation, you will see how plainly is told the greater mechanical defect in the rapid growth of the labouring ventricle and the gradual yielding step by step of the strongholds of the circulation.

I shall have more to say of these cases at our next meeting, and will only now make the general observation that in taking a heart case we must never consider that to detect and localise a murmur is to make a diagnosis; still less can we on stethoscopic data alone build a prognosis. Having considered the murmur, whether it completely or only partially replaced the normal sound, and whether it be solitary or accompanied by other murmurs, we look to the heart and compare its degree of hypertrophy or dilatation with the duration of the disease. Then the pulse—its rapidity, regularity, force, and volume—is compared with the ventricular hypertrophy and other special qualities noted.

With regard to other organs, again, we must, in judging of their condition with a view to prognosis, have a due regard to the special heart lesions before us. Thus pulmonary congestion, normal to an early stage of mitral stenosis, would be of graver augury in simple regurgitation, and of speedily fatal significance in aortic disease. Similarly with systemic dropsy.

The previous habits, social condition, and occupation of the patient and the previous treatment of his disease are important points for consideration in estimating a prognosis. In most hospital cases the urgent symptoms have been hastened on by undue exposure and exertion, and, if not too far advanced, brilliant results are often obtained from rest and treatment. In other people these later symptoms come on rather in the natural course of the disease, in their due time, when the reserve forces have been exhausted, and they can be no longer staved off by judicious treatment. Unless, however, one is careful to ascertain this to be the case, one may make great mistakes in prognosis.

[2] Dr. T. M. Rotch, of Boston, in his "Absence of Resonance in the Fifth Right Intercostal Space diagnostic of Pericardial Effusion," has shown by some interesting experiments that the normal traction of the lungs upon the pericardium determines the shape assumed by the effusion.

Observations

INTRODUCTORY TO CLINICAL LECTURES ON THE

DISEASES OF WOMEN.

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GENTLEMEN,—It is not unfitting, before inviting you to accompany me in the clinical study of the diseases of women, to examine into what is understood by a special department of medicine. There are not a few persons who, for want either of knowledge of the subject or of reflexion, are apt to look upon obstetrics and the diseases of women as something special. If the term means anything at all, it must mean a piece of medicine that can be taken up apart from the general body of medicine, studied and practised separately, or with only a feeble and casual reference to the other parts or to the whole. If this definition be objected to in theory, there can be no difficulty in showing that in practice it is true. There are two aspects from which the question may

be regarded. First, there is the view which we will assume for the moment is that taken by the so-called general or "all-round" physician. Secondly, there is the view taken by, or ascribed to, the pure specialist. We will consider these two views first. By and by, perhaps, we may discover a third, truer than either of these, because it rejects the exclusive notions of both, and combines their common or mutual relations.

The first aspect, that of the general physician, is, in practice if not in theory, that medicine is made up of bits, each bit being the pathology of one organ or set of organs; further, that each of these bits of medicine may be detached from the rest, and be allotted to a distinct class of physicians; and, therefore, that the general physician need not trouble himself about these bits. He throws them off as of inferior importance, only worthy of the notice of an inferior order of practitioners—that is, of specialists. He studiously, almost contemptuously, ignores them, strangely preferring ignorance to knowledge. Let us take an illustration or two. The eye, the ear, the skin, the throat are told off to special practitioners, who are assumed to limit their attention to the organs assigned to them. Now the fatal error that lies at the roof of this creed is the assumption that these organs are practically distinct entities or organisms, having no reciprocal relations to the rest of the body. Of course the reply will be that this is an extreme way of stating the case, that in fact no one will affirm that the diseases of one organ can be understood without reference to other organs and the state of the body generally. I will also freely admit that most physicians carefully include the study of the skin and throat in their grasp; that some take in the eye and the ear, more or less. This may be granted; but, on the other hand, it follows that, granting it, we acknowledge that a real specialism is impossible. And then, pursuing our inquiry from this basis, we shall find that the specialisms in vogue are not, indeed, pure absolute specialisms, but bits of medicine approaching more or less nearly to the definition we have laid down. In proportion as attention is concentrated upon the organ which is the subject of specialism, and its relation to other parts ignored, the nearer we approach to that definition. And it cannot be denied that the subdivision of medicine as now taught and practised tends strongly in this direction. We can never realise the abstract idea of specialism. But we are continually in danger of diverging farther and farther from the great truth that medicine, like the body which is its subject, is one and indivisible. To affirm that the eye could exist, live and see apart from the brain and body, would be to utter an absurdity so gross that the most ignorant would ridicule it. To affirm that the diseases of the eye can be studied and treated successfully without regarding the relations of the eye, anatomical and pathological, to the body at large, is in reality equally absurd. The absurdity may not perhaps strike so forcibly. But a moment's thought is enough to show that if the assumed physiological independence of the eye is absurd, its pathological independence is simply a corollary.

Now, I do not accuse any physician or surgeon of entertaining either of these absurdities in their naked abstraction, but I cannot help saying that not a few do encourage a belief in the second or pathological absurdity amongst the mass of the public; and the public do believe in it. Proofs abound. We shall glance at some as we proceed. One might touch upon a new development of the practice of specialism. Specialism itself tends to divide into sub-specialisms. I prefer to take an example from my own department, but examples are not wanting in others. Some women will select physicians who are supposed to have made a special study of tumours of the uterus, whilst others will prefer those who know all about flexions.

We may perhaps come to see the field of the chiropodist cut up, and each of the toes assigned to a special physician. But the "great-toe doctor" will retain pre-eminence, on account of the splendour of the connexions of the great-toe with hereditary rank, sumptuous living, and the imperial stomach.

This splitting up of medicine into fragments may suggest to the historical student the reflexion that we are undergoing a retrograde or backward development towards the medicine of ages and nations lapped in barbarism, or only emerging into inchoate civilisation, which plotted out the human body, assigning each plot to a particular doctor, as the Egyptians plotted out the mud of the banks of the Nile. It is not a little curious that in no other country is this plotting process carried out so minutely as in England, especially in London, which, Alemannic pretensions notwithstanding, has held, still holds, and will hold, a significant position amongst the scientific and civilising energies of the world. This anomaly is to some extent due to the accident or blunder which permitted separate colleges for medicine and surgery to be founded, and gather independent, sometimes antagonistic, strength. Some sanguine men were once fired with the hope that the University of London would have reunited the detached elements of medicine, restoring her to her original integrity. But that dream is dispelled. Radical organic vices in the constitution and working of that much-promising body have, for a time at least, destroyed the possibility of its realisation. The colleges maintain, and I must frankly acknowledge greatly justify, their supremacy. Their justification would be complete if they were united in one corporation, as is the human body, whose welfare is their common object.

Now let us take an illustration of the popular outcome of this division of medicine:—A woman comes to a physician, selected for his supposed exclusive skill, complaining of amenorrhœa; she suffers at the same time from dimness of sight, perhaps pain in the eyeball, for this she goes to an ophthalmic surgeon; she has at the same time blotches on the legs—erythema nodosum,—and for this she goes to a skin doctor; she has also weakness and pain in the back, perhaps a little curvature, and for this she goes either to an orthopædic surgeon, or to some physician who takes special care of the nerves. And she visits all these specialists at short intervals, entrusting to each the organ which public opinion assigns to him. Here is the pathological absurdity carried into practice. One might give endless similar illustrations, more or less amusing or instructive. The public, personified if you like, is often strangely at fault to know what is the seat of his malady. He feels a pain or sees something amiss in some part of his body. He straightway fixes upon the pain or other symptom as an infallible indication of the seat of his disease. He feels his heart beat; he has disease of the heart, and goes in trepidation to a chest doctor. He feels a pain in his loins, or sees something queer about his urine; he has kidney disease, and goes to a kidney doctor. In both cases he is probably wide of the mark; and often he is governed in his choice simply by the name of a disease which somehow has got a hold upon his brain. I will tell you what happens to me frequently. A climacteric woman comes to me, complaining of pruritus of the vulva. The agony in that part rouses the dread of local disease. I test her urine—greatly to her surprise, for she does not take this to be my business—and find she has diabetes. Having determined this, and knowing that the pruritus is the consequence of the diabetes, I do not presume to treat it—of course, I am not competent to do that,—but I refer her to some friend who has a urinary reputation. And this is the way in which the evils that would infallibly attend upon pure specialism are neutralised or corrected. No reputed specialist ever will or can practise as a pure specialist. He cannot help reading in the organ or structure placed under his observation the record of troubles in neighbouring or distant organs, or of disorders affecting the system at large. At the same time that he recognises the alterations of function or structure in his particular organ, he studies by the light of his general physiological and pathological knowledge the reciprocal play of local and distant actions. Nor can he hope in a great number of instances to frame a rational scheme of treatment on any other basis. If he detects the master-disease, or a serious complication in some other part of the body, to treat which does not fall fairly within his scope, he seeks further counsel. Thus you see he is not, in fact or in theory, a specialist. He is a true physician bringing the light of general physiology and pathology to bear upon disorders more or less localised, and seeking in general as well as topical therapeutics for the means of cure.

Having explained to you that a pure specialist is an impossible monster, I may, without offence to anyone, describe the ideal specialist. We will suppose a physician who devotes great—I will not say exclusive—attention to the nervous system. He has to deal with a case of which epilepsy is a phenomenon. He examines with laudable care the nervous functions, the lungs, heart, kidneys; and yet—the subject being a woman—he specially omits to explore the condition of the uterus and ovaries. Is not this specialism? Might we not define a specialist as one who, in the investigation of disease, specially neglects an important factor in the problem? The man who takes a part

for the whole is surely a specialist, and this notwithstanding that the part he ignores may seem to him insignificant.

The third aspect—better than that of the so-called pure physician, and better than that of the pure specialist—is that of the physician who neglects no part, but who gives due consideration to each separately, and to their mutual relations. If you watch the practice of the ophthalmic surgeon, you will see that he does not limit his inquiry to the physical examination of the eye. He takes a survey—rapid it may be—of the whole system. He knows, and he will show, that many functional and organic affections of the eye depend upon, or at least have a pathological relation with, disease of the brain, of the heart and vessels, of the blood, of the kidneys; and his treatment will be largely governed by these relations. Inasmuch as he knows that the disease he detects in the eye is due to disease elsewhere, he attacks the disease in the eye through the provoking disease beyond.

And there is something more than this to learn from the observation of local disease. Sometimes local disease, instead of being derivative or secondary, is primary, and acts in a retrograde direction, or towards the centre. And thus we have to watch closely and guard as far as we can the centres of life against invasion from the periphery. Every organ in the body affords examples of this centrifugal and centripetal pathology. If examples seem so manifold and so clear in the eye and in the skin, it is because those organs lie so directly open to inspection. In the eye and on the skin we may often see written in characters as plain to the educated mind as the characters in a book the history of disease distant in time as well as in seat of origin. It is not my place to dwell upon these points. What I want to enforce upon you is the necessity of studying local disease, no matter where, by the light of general science. It will be my business to show you how the local conditions of the female pelvic organs are linked inseparably with the physiology and pathology of other parts of the body. We shall have many opportunities of seeing how many of the disorders of this part depend for their origin or aggravation upon disease elsewhere; how, on the other hand, disorders essentially local in their origin produce functional disorder and structural disease in other parts of the body. You will soon realise the fact that the pelvic organs form an integral, I might even say a dominant, part of the female organisation. Nowhere, I think, will you find more instructive examples of that primary local and centripetal pathology, which you may trace, if you seek, more or less in connexion with every organ. A whole catalogue of ailments, some long classed as morbid entities or essential diseases, including neuralgia in many forms, hysteria, that much-abused term, many cases of epilepsy, of paralysis, notably of paraplegia, and—I almost tremble as I utter it, exposing myself, I fear, to wrath and ridicule—not a few cases of insanity, are no more than symptoms or consequences of surgical or medical disorders of the uterus and ovaries. Many blood diseases also take their origin here. I cannot stop to give particular instances. But if you weigh philosophically the experiments of Charcot on hystero-epilepsy, you will come to the understanding that if a presumed disease can be produced at will by playing upon the ovaries, that disease is not a primary or essential disease, but only a symptom of ovarian action. Now the cure of a large number of the cases to which I have referred depends upon the cure of the primary pelvic disease. And in a very large proportion of cases, this primary pelvic disease is not very difficult to cure.

This comparative facility of cure depends mainly upon the fact that the organs involved are within easy range of objective observation and topical treatment. Their size, position, consistency, shape, and other physical conditions are capable of being determined by touch and the sound with considerable precision, whilst some parts may be brought directly under ocular inspection, and the secretions are readily obtained and examined. One great means of diagnosis employed in medicine is the observation of the organs in the performance of their functions. Nowhere is this method so thoroughly or so scientifically applied as in the investigation of the eye. The ophthalmic surgeon now uses instruments and methods for testing the way in which the eye performs its functions, that may be said to give results almost mathematically exact. We cannot pretend to such precision in the examination of the pelvic organs in woman. But in precision of objective observation I think we approach at least as nearly to it as can be done in the case of any other part of the body. We touch the uterus directly from below; we feel its whole surface often from behind, from above, and in front; also we command it by palpation, we determine its texture, its mobility, its relation to other organs; we see a part of it which gives an indication of the vascularity and other features of the whole. How much of this can be said of any other internal organ?

Not to detain you longer before we enter upon the immediate study of our subject, I will simply press this lesson upon you: that the study of so-called specialties—the study of woman and her diseases is not a specialty, so the lesson is general—should be so pursued that you seek in that study examples and elucidations of general pathology. Take one instance, say inflammation. There is hardly another mucous membrane in the body whose pathology lies so open to study as that of the vagina and uterus. In seeing, then, a case of endometritis or vaginitis, you will see, not simply a local inflammation, but an instructive example of inflammation of a mucous membrane. You may, by the light of modern pathology, recognise a case of bronchitis or enteritis, and, in fact, know a good deal about it, but you cannot watch it through its changes in the living body as you can a case of vaginitis. So of other morbid processes. The history of fibroid, cancerous, hypertrophic, atrophic, and other morbid processes, can hardly be studied so effectively as in the uterus. It is not too much to say that few chapters in general pathology can be complete unless the correlated conditions of the pelvic organs be taken into account. The best definition or idea—for definitions are proverbially arbitrary and loose—of rational specialism is the application of general pathology to the investigation of the disorders of particular organs. The study of any organ of the body will lead us a part of the way on the right road to the understanding of pathology. He who neglects any one organ simply closes one of the gates of knowledge. To him may be applied the pathetic line of Milton lamenting his blindness—

"And wisdom at one entrance quite shut out."

The difference is that, unlike Milton, the specialist is unconscious of his defect, and therefore of his loss.

CATARRH OF THE BLADDER; ALBUMEN IN THE URINE.

Part of a Clinical Lecture, recently given at University College Hospital,

BY SIR HENRY THOMPSON,

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THERE is a group of symptoms frequently met with in men of advancing years, to which I desire especially to call your attention. One of the first circumstances to attract notice is that the urine is more or less cloudy when passed, and that on standing it deposits some adhesive opaque matter in the bottom of the vessel. Such urine is generally neutral, or at best faintly acid; occasionally it is alkaline, always becoming so rapidly by keeping. On interrogating the patient, you learn that the act of micturition is performed rather more frequently than natural—that he is disturbed by it two or three times in the night, and every two hours or so during the day. He may also complain of dull pains about the pelvis and back; he finds the effort to pass water rather greater than it formerly was, and the general health has of late suffered a little.

Now it is by no means uncommon to hear this group of symptoms spoken of as indicating the presence of a "catarrh of the bladder." And catarrh of the bladder is very generally regarded as a particularly obstinate, sometimes indeed as an incurable, affection. And I am free to confess that as long as these phenomena are considered referable to a specific disease, "catarrh," so long probably will the disease prove rebellious to treatment and sometimes even incurable.

Again, when the urine described is examined by the microscope, a quantity of pus, varying much in different cases, is seen to be present in it; and when examined by heat and nitric acid, a certain amount of albumen is, as a matter of course, deposited.

It happens to me, in the course of consultations, to observe that these phenomena—the admixture of pus with the urine and the presence of albumen—are, singly or together, frequently regarded in themselves, and apart from other facts, as necessarily presenting indications of very grave importance. Are they so?

Certainly they are by no means necessarily grave; on the contrary, in the great majority of cases of elderly men, the presence of these products is not grave. Let me demonstrate to you the marked distinction which exists between the significance which albumen possesses in two different categories of cases. I can scarcely ask your attention to a matter of higher practical importance.

1. When a patient's urine, habitually clear, acid, and free from the faintest blood-tint, throws down to the test of heat and nitric acid a notable quantity of albumen, the source of that albumen is the renal circulation, and, if persistent, the case is almost certainly one of grave import. The presence of organic change in the kidney structure is to be inferred, and other evidence of its existence, if sought for, will probably be found.

2. A very slight admixture of blood in any urine, no matter what the source of the hæmorrhage, will produce a considerable deposit of albumen. It is evident, then, that the product in such cases, although sometimes grave, is not necessarily so, and that it may furnish an indication of the slightest possible import, inasmuch as a little blood may appear in the anterior passages, from a lesion which is slight and temporary in its nature.

3. Pus in the urine may, and most commonly does, proceed from some local condition of the bladder, occasionally, indeed, from local inflammation of the urethra. Nevertheless, albumen will be deposited on applying appropriate tests. It is evident that albumen, resulting simply from pus produced by chronic cystitis, has an import vastly less grave than that described above as No. 1, being a purely local and mostly temporary affection of an organ which has no vital function, but merely a mechanical one; the albumen in the former instance being evidence of disorganisation in the structure of a vital organ—that is, one the sufficient action of which is essential to the very existence of the body.

In short, there ought not to be the slightest temptation to confound two states so utterly unrelated as the two states which I have here contrasted, although they offer from one point of view an accidental similarity—that is, there is in both an admixture of albuminous material in the urine.

Still, nothing is more common than to hear, in connexion with a case of purely local bladder affection, the remark gravely and significantly made, "I assure you I have on several occasions found by testing a large quantity of albumen in the patient's urine." It is a little difficult sometimes, although necessary, to listen to such an observation with quite sufficient patience. Does the observer really desire to intimate that the patient has constitutional albuminuria—i.e., some form of Bright's disease? If not, his remark is simply devoid of meaning; since, as we know, there is vesical pus in the urine, we know equally that the albuminous constituent must appear on applying the test. And vesical pus in the urine certainly has no more relation to constitutional albuminuria than pus which comes from an external abscess or surrounds a common boil. Simple as all this may appear to you and to me, it is quite astonishing how much confusion there is in men's minds in regard to this matter, and how much importance some persons attach to all albumen found in a urinary test-tube, although the source of the deposit may be easily demonstrated to be the bladder, and no other part of the organs which lie above it.

Finally, the important practical point in relation to treatment is first to ascertain the occasion of the local catarrh. In nine out of ten of these cases it consists in inability, often only to a slight extent, on the part of the patient to empty the bladder completely. The universally acknowledged cause, hypertrophy of the prostate, is, of course, the first in order of frequency. But after this are others not infrequent. Defective action may be due, first, to simple atony, the result of past habitual or occasional over-distension of the bladder with urine; secondly, to thickened and incompetent muscular parietes of the bladder after chronic inflammation, sometimes associated with old stricture; thirdly, to defective innervation seen in connexion with other slight signs of impaired function in a nervous centre; the last being, of course, the most serious of all, in its nature and probable results.

In all of these local treatment, by carefully removing all the secretion by means of a soft catheter two or three times a day, perhaps aided by gently washing out some remainder, is the chief efficient remedy. Remember that this incompetence of the bladder is always to be sought for by physical examination; no other form of evidence in relation to it, as the patient's sensations, &c., is to be accepted as trustworthy. The introduction of a soft catheter immediately after the patient has passed water by his natural efforts, is the only test, and it should be applied on two or three occasions before arriving at a definite conclusion. The causal relation between the group of symptoms enumerated at the outset, and the defective function described, is far more common than it is generally supposed to be. It is on this account, therefore, that I have asked your attention specially to the subject.

THE HISTORY OF MENTAL MEDICINE.

Epitome of an Introductory Lecture to the Clinical Course on Mental Diseases, delivered Nov. 16th, 1879,

BY B. BALL,

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AN old doge of Genoa, compelled by Louis XIV. to come and do homage at Versailles, was once asked what astonished him most in the great king's court. "Seeing myself there," was the reply. I might, in my turn, apply this phrase to myself, and when, after so long a waiting, I at length occupy this chair, approach to which seemed to be for ever forbidden, what most surprises me is to see myself here. Nor can I resist the desire to testify here my deep acknowledgment to all those who have given me their support: to the faculty which nominated me; to the ministry which appointed me; to the public bodies which have organised my service; to the pupils and friends whose courageous sympathy has never failed me; and, lastly, above all, to those eminent alienists, some of whom are my venerated masters, whilst others, after having been the comrades of my youth, are to-day my allies in the battle of life; and since I could not name them all may I be permitted to concentrate the expression of my sentiments on the name of one alone, on the name of a man who, after having pursued a career with incomparable *éclat*, has taken me by the hand to lead me to the place I now fill, for he is not a jealous master. You have all named M. le Professeur Lasègue, and I am glad, on this solemn occasion, to be able to render him public homage, so as to acquit myself in a very feeble measure of a debt of acknowledgment which I so long since contracted. Let this suffice for my sentiments and remembrances; you expect other things of me, and it is time to satisfy you.

We inaugurate to-day a new chair, and it is the duty and right of the holder to expound the principles which will guide him, and to sketch rapidly the views which should preside over his teaching. I would, disdaining classical traditions, leave general discussion aside and plunge at once into details—a plan coming more and more into vogue; but I would not thus belie my natural tendencies, and, besides, it is healthy to breathe sometimes the air of these lofty intellectual regions, understanding always that one does not sojourn there too long. History is the natural and legitimate means for the study of these problems, for by it we follow the evolution of the human mind; we pass up to the source of the great intellectual streams which have deposited the strata on which modern science rests, and by it we grasp the origin and filiation of our ruling ideas, define their source, and thus analyse the intellectual atmosphere now around us. I do not intend to sketch a complete picture of the rise of mental medicine; in the narrow limits of a lecture this would become but a catalogue of names, and, moreover, the history of psychiatry has been fully treated by competent

authors, whose works it would be vain to analyse. I propose to trace with you the great currents which have dominated the study of mental diseases at different epochs. Conscious of incompleteness, I mean to be the historian not of men but of ideas, and by thus grouping around a few great figures the whole of the tendencies they represent, I shall try to show you, by this rapid glance over the past, the state at which science has arrived to-day, and the future that is probably in store for it.

In saying that insanity is of all times and ages, that the most ancient literature relates instances of it, and sacred books of all nations speak of it—is but to recognise once more that human nature has not changed. If it were only to keep to these common truths, it would be superfluous to interrogate the past. But a fundamental proposition is taught by this—that the dominating conceptions of every epoch have been imprinted on the theory and practice of mental medicine.

All primeval civilisations considered insanity as an immediate effect of heavenly anger, and all had recourse to the same means of meeting it—to prayers, exorcisms for the intervention of the gods; and even in the midst of the most developed civilisations evident traces of these indestructible tendencies of the human mind are met with: ruling in the middle ages, we find their vestiges to-day. And yet in the course of centuries experience and observation collected valuable facts of a real clinical bearing. Such are the materials furnished by the first builders of the edifice, when there took place in Greece that great awakening of the human mind to which all that is best in our modern civilisation is connected. That great revolution started by philosophers and poets, and pursued by mathematicians, is represented in medical science by Hippocrates, who on another side approximates the moderns; for in the midst of a generation of logicians, drunken with metaphysics, Hippocrates was a "positivist"—or, in less pretentious phrase, a clinician, occupied chiefly with the study of facts, and endowed with marvellous aptitude for observing them. He has left only ideas of detail in mental medicine, marked by his wise and practical spirit; and his theory of the four cardinal humours—blood, phlegm, bile, atrabilis—influenced psychiatry as well as general medicine. But the origin of psychiatry is to be found with the philosophers, for it has always been influenced for good or evil by contemporary philosophy. The question present to every logical mind on the threshold of mental medicine is, What is the seat of the understanding, and by what mechanism may the regular play of its operations be ascertained? Let us listen to the answers provoked by this eternal problem 2000 years ago.

Wearied with discussions the barrenness of which is plain, we should nowadays voluntarily renounce any inquiry into the seat of the soul. Not so the ancient philosophers, who, logicians before everything, could not pass this by. So, as we are historical, we must accord a place to these ancient, powerful, and original minds, and, following their ideas, grow young again, as Pascal profoundly puts it, in discussing what the ancients were. At least we shall define the meaning and origin of many of our present ruling ideas. The divine Plato—an inspired man if there ever was one—is so confirmed a spiritualist that, not content with recognising one soul, he accords us three, really parts or powers of the soul, whose unity he does not dispute. The higher rational soul—the λόγος—resides in the encephalon, the others in the lower parts, the heart and the viscera below the diaphragm. Hence two very different kinds of delirium—one celestial, inspired by the gods, the other terrestrial, due to bodily diseases. Amongst the former would be classed, according to Plato, the delirium of prophets, inspired by Apollo, of poets by the Muses, of bacchantes by Bacchus, of lovers by Eros. The grosser delirium of purely earthly origin, corresponding with what we call *insanity*, is due to change in the humours deranging the organs. This *naïve* and poetical theory, impregnated with mythology, was, perhaps, all that could be formulated at the time, when the Athenians did Socrates to death, and when capital punishment followed the slightest attempt to shake the childish faith at the root of Hellenic orthodoxy.

A more stable and logical doctrine, if not more physiological, was formulated by the great philosopher whom the friendship of kings placed beyond the resentment of the crowd. Aristotle divides the soul into two parts—the rational and the irrational soul. Both are seated in the heart, and he adds that the brain takes no share in the sensation. The mother quality of the soul is warmth, and the greater this is the better it acts. Cold and warmth explain all insanities, which are sometimes heats or excitations, sometimes chills or depressions of the soul. Other philosophers, more or less directly inspired by Aristotle, make of the soul a *pneuma*, a subtle vapour circulating in the blood, of which it is but an evaporation. But from the psychiatric standpoint this makes the blood absolute master of the intellectual functions. Reason is preserved whilst the blood is pure, it is changed if this corrupts. Theophrastus, in his treatise on Vertigo, pushing the doctrine of the master to the extreme, admits the brain to be only an outgrowth of the spinal cord—a sort of damp sponge to temper the ardour of the soul. Vertigo is an affection of the soul, but its seat is the heart—source and centre of all sensations. Returning to the Platonists, we find the Alexandrian school essentially anti-materialistic, viewing the soul as a reflex of the divine intelligence, a feeble but faithful image of the eternal principle. This soul is in two parts—one intelligent, directed upwards towards the head; the other irrational, downwards towards the body. As they considered the rational soul to be the whole intellect, and placed its seat in the brain, these old spiritualists were even then very near modern science. The psychical and sensorial centre was no longer the heart, but a part of the brain: Herophilus placed it in the fornix, Eristratus in the meninges, Strabo in the hemispheres. Truth could hardly be nearer reached. Let us add that Eristratus, by an intuition of genius, started an essentially modern idea—that the extent of intelligence is in direct relation to the development of the surface of the brain, to the depth of the sulci and the size of the convolutions. In a treatise upon *la maladie sacrée*, epilepsy, the Alexandrine author expresses himself in terms which modern alienists would readily endorse:—"Men have no joy, pleasure, gaiety, prudence, but by the brain; by it come to us also pain, sadness, chagrin, loss of reason. It is through the brain that we fall into delirium in mania, for these divers states are produced when the brain is diseased." Thus the Alexandrines held the seat of insanity as well as of intellect to be in the brain. Unfortunately these disciples of Plato developed and transformed the master's doctrine on delirium by heavenly inspiration, and, perhaps under the influence of the East, they admitted the intervention of *demons* in diseases of the mind, an expression which for them did not bear the sinister character attached to it later by the Fathers of the Church. We shall soon see what are the fruits of this deplorable error.

The name of Aretæus redeems ancient science from being wholly taken up with vain speculations. The scientific rigour, clinical perception, precision of detail, and abundance of facts, furnished in the admirable and picturesque writings of this great alienist cannot be too highly praised—fifteen centuries after they were penned. He is the true Hippocrates of mental medicine. A pneumatist, he placed the seat of the soul in the heart. A consummate observer, clever practitioner, and writer of the first order, he has left ineffaceable descriptions of erotic delirium, mania, and melancholia; he has clearly comprehended the relations uniting intellectual excitement and depression, and one might think him to have observed cases of circular insanity. The importance he gave to fixed ideas makes him a precursor of Esquirol, who created monomania. We owe to him also wise precepts regarding the prognosis of the different kinds of insanity, and the physical and moral treatment of the insane. Celsus, his predecessor by a few years, was a clever compiler rather than an original thinker. His chapter on insanity sums up the prevailing views of Greco-Roman physic. He was the first to describe visual hallucinations. Avoiding all theory, he is a real eclectic, but mainly of the doctrine of Hippocrates, modified in some respects by his opponent, Asclepiades, of Bithynia. The works of the latter have perished, but he appears to have been one of the most powerful minds of his epoch. A materialist, he explained everything by the movements of atoms. In medicine, he distinguished between chronic and acute diseases, and was the first to use the term *mental alienation*.

The picture of ancient psychiatry would be incomplete without the grand scholar, physiologist, and collator of ancient science, Galen. He who by his experiments founded our knowledge of nervous function, could not ignore the part played by the brain in intellectual operations. According to Galen, the rational soul dwelt in the encephalon; the irrational soul is placed in the trunk, where it is divided

between the heart and liver. In psychiatry he is eclectic; but, more inclined to theory than to clinical observation, he is inferior to Aretæus in the description of mental diseases. But he was the first to distinguish clearly the delirium of acute diseases (phrenitis) from insanity, and there he diverges from Hippocrates; and in adding dementia (ἄνοια) and imbecility (μώρωσις) to mania and melancholia he preluded our present classification. Cœlius Aurelianus was the last and most complete of ancient psychiatrists. Not to speak of his views on mental pathology, he obtains a distinct place as regards treatment. Freed from humoral traditions, he recognises only moral and material cerebral causes for insanity. He speaks of isolation in treatment, as Esquirol did, prescribes the utmost gentleness, and enforces non-restraint, like our English *confrères* of to-day, and he supplements medical measures by intellectual and moral gymnastics.

Thus ancient psychiatry attained a high perfection. It possessed abundant and precise notions on the symptoms, diagnosis, and prognosis of insanity; it formulated in treatment, principles which do honour and glory to the moderns who have resuscitated them; and as to doctrines and theories we are only puzzled how to choose.[1]

But the days of ancient civilisation were numbered. A new faith sapped their bases, and whilst the seats of pagan society were crushed, an invasion of savages came down on the scene. A new religion required a new world. In the midst of this upturning ancient science perished. It disappeared smothered between the monks on the one side and the Germans on the other, and attempts at restitution of the facts of nature were submerged by a back wave which, under the impulse of the primitive races, carried back human intelligence to the ideas of primeval times. For civilisation is only made for the brains which have given it birth. The dwellers in Germanic forests brought into the Roman world their theological conceptions, superficially changed by Christianity. The universe was divided between the devil and the saints; everything extraordinary was supernatural, and the theory of demoniacal possession formulated by Alexandrine Platonists was revived in new guise and a favourable soil. Infernal spirits replaced Apollo, the Muses, Bacchus, and Venus, and changed into demoniacs those whom the old world regarded as inspired. Hence the abuses which slew so many of the insane as sorcerers. But whilst rendering justice to the enlightened and courageous men—for the most part physicians—who contended against these monstrosities at the risk of their safety and their lives, it must be said that this period yields nothing to the view of the scientific spirit. What is most astonishing is the coincidence of the most acute revival of this persecution of the insane with the awakening of the modern spirit, the Renaissance, and the Reformation. The most eminent physicians of the sixteenth and seventeenth centuries, in writing on mental diseases, are obliged to admit the agency of the devil and demons in the production of nervous disorders. But some, in order to speak with safety, like certain modern authors, prudently protested their devotion to the faith, whilst holding subversive doctrines. Having made this sacrifice, they were forced to lead back their minds to the healthy ideas of modern medicine: some, like Prosper Alpinus, in clinical symptoms; others, like Sennert, in psychology—were the precursors of the German school; and others, as Plater, Sylvius, Lepois, and Thomas Willis,[2] tried to combine with the knowledge of the time ingenious theories on the production of mental diseases.

At this time one of the most remarkable men to whom modern civilisation has given birth, appeared—I mean Stahl. To understand his system, which long played so great a part in psychiatry, we have to put ourselves into an intellectual state differing wholly from that of the present day in face of the great problem of life. Stahl was struck with an idea analogous to that expressed later by Bichat—the instability of organic compounds in presence of physical forces, which made him view life as a constant resistance to death. Matter is constantly changing, so that a living being requires a creative and a conservative force, of which the different organs are only a sort of specialised expression. The same force governing organised matter in its incessant transformations is that which restores equilibrium of function when disturbed, and prevents disease so long as harmony exists. It also explains the mutual reaction of different parts, and the action of the whole on the parts. Such is the preponderating *rôle* of the soul in the mechanism of life; not only presiding over functions derived from it, but restoring harmony when equilibrium is destroyed, and bringing the whole system back to the normal. The noxious and baleful intervention of sin frustrates the good intention of nature. Any derangement of the economy is, according to Stahl, due to disorder of the "idea" itself; because man has disobeyed the mission he has received from Providence; in a word, because original sin and individual sins have perverted the tendencies of the soul. Hence he arrives at the conception of morality being the source of all order in the life of the body and of the understanding, and immorality of all disorder, physical or mental. This, as shown by Professor Lasègue, is the starting-point of the German psychological school. Once admit moral evil as the origin of physical evil, and nothing is more natural than to make it enter into disorders of the intellect. For if sin can engender fever, *à fortiori* it can give rise to insanity.

Time will not permit the discussion of the ideas of Langermann, the founder of the school, nor of his pupil, Ideler, and his numerous successors; but we may concentrate our attention on the man who is the true incarnation of the system. Heinroth, one of the best pupils of Pinel, Professor of Psychiatry at Leipsig, Fellow of the Royal Society of London, correspondent of our Academy of Medicine, was one of the most distinguished alienists of the century, and one of the few Germans who have loved France. His doctrine was as far removed as possible from our modern opinions, and therefore of interest, representing, as he does, the most accomplished of a race of powerful minds, now almost extinct. Man as man, says Heinroth, lives by reason. In attaining this the intellect must traverse many stages. At first the infant has only an objective existence; it only lives by its senses. In the second degree individuality appears; the *ego* becomes distinct from the *non-ego*—external phenomena; and most men do not get beyond this stage. But in the final stage a new element—conscience—appears and rules. Then there is harmony between ourselves and the external world, and unity in the life of the man. Health is but the harmony between our thoughts and our desires. The man who lives in himself can abstract himself from the world, but he who is possessed by the world is constantly agitated by incessant desire, the fruit whereof is passion. Hence, says Heinroth, "insanity is a disease of the totality of the being." When feeling ceases to have its natural guide—conscience,—its first manifestation is egotism; the individual only obeying his personal taste is in a vague state of indecision. As reason diminishes, it is more and more replaced by feeling, until this reigns alone and unbridled, and excitement would then produce insanity. Loss of liberty is the chief fact, and absence of morality the prime cause, of loss of reason. It follows that the best preservative against insanity is devotion to the truths of the Christian religion. Treatment, whilst not neglecting physical health, should be moral, combating excitement or depression, and substituting by rational cultivation new faculties for those attacked by insanity. To the query, why vicious people and criminals do not become insane, Heinroth replies that vice and insanity are the extremities of two diverging series having each sin for their starting-point.[3]

Heinroth had many admirers and several pupils, the chief of whom was Beneke. One readily understands the opposition raised to such doctrines. Nasse, professor of psychiatry of Bonn, was chief of the somatic school, and he was followed by Friedreich, Vering, Amelung, and many others, the most vigorous of whom is Jacobi, who in his ardour to find lesions in the insane became the founder of sympathetic insanity, and sought for extra-cephalic causes to justify the outburst of insanity. The illustrious and venerable Schroeder van der Kolk followed on this path, and made two divisions—cerebral insanity and sympathetic insanity; the latter being the more important. And the somatic school has conquered; its doctrines represented by the classical treatise of Griesinger are universally adopted in Germany; and psychiatry, as Krafft-Ebing has recently said, has at length gained a place amongst the natural sciences.

(To be concluded.)

[1] The drafts I have made upon the works of MM. Michéa, Sémelaigne, and Trélat will be readily recognised.

[2] M. Calmeil seems to confound the great anatomist, Thomas Willis, with the alienist, Francis Willis, who lived a century later, and who, entrusted with the treatment of George III., King of England, had him beaten by his keepers. (Calmeil: De la Folie, &c. Paris, 1845, tom. i., p. 405.)

[3] I have borrowed the elements of this rapid analysis from the excellent work of Professor Lasègue (Ann. Méd. Psych., iii., 1844).

ON SOME POINTS IN THE DIAGNOSIS OF PHTHISIS.[1]

BY A. B. SHEPHERD, M.D., F.R.C.P.,
PHYSICIAN TO THE HOSPITAL, VICTORIA PARK; ASSISTANT-PHYSICIAN TO ST. MARY'S HOSPITAL.

A LITTLE over thirty-eight years ago, about this time of the evening, was made an examination of the body of a remarkable man by men who, in different lines of the same profession, were to become almost, if not altogether, as remarkable as himself. At page 230 of the sixth volume of the first series of the "Guy's Hospital Reports" is given at length an account of the "Examination of the Body of Sir Astley Cooper, Bart., in the 73rd year of his age, on February 13th, 1841, at 9 o'clock in the evening, thirty-two hours after death, by Mr. John Hilton, in the presence of Dr. Chambers, Dr. Bright, Mr. C. A. Key, and Mr. Edward Cock." It is hardly possible to conceive, from our professional standpoint, a more illustrious assemblage than this. The corpse of a man who had done his work well, examined by his colleagues in accordance with his "wish that the appearances which should be presented on the inspection of his body might be recorded in the Guy's Hospital Reports."

But the mere picture of this gathering I must leave at once for its more useful realities—realities which Sir Astley Cooper himself, in ordering the examination of his body, knew to be fruitful of advantage to the living. And of the four points to which he had particularly alluded, "the investigation of which he thought desirable—a cured oblique inguinal hernia, a cured umbilical hernia, some suspected indications of phthisis in his youth, and an inability to sleep whilst lying on his left side," I would, however, on the present occasion, direct attention mainly to the third, and to the thoughts, or some of them, which have been suggested by it to my own mind. It is otherwise sufficient to say that the puckered appearance of the peritoneum behind the umbilicus represented, probably, the result of the cork worn outside it up to Sir Astley Cooper's fatal illness; that a minute serous canal, extending into the cavity of the right tunica vaginalis, existed as the remains of a congenital inguinal hernia on that side; while no light is thrown by any of the post-mortem appearances on the presumed position during sleep.

On the other point—the suspected phthisis—we read: "At the superior and posterior part of the right lung was a small depressed and somewhat contracted surface about the size of a sixpence, a section of which exposed a calcareous mass, very uneven upon its surface, and about equal to the size of a small pea; it was placed about three lines distant from the pleura."

It is worth while to consider for a moment what, even before the time this post-mortem examination was made, was the pathological import of this calcareous mass, very uneven upon its surface. One of the greatest of clinical observers, Andral, writing of these so-called pulmonary calculi, uses the very same expression as to size as that employed here, "a rounded concretion, the size of a pea;"[2] and further describing, as I take it, the same bodies as that with which we are dealing, apparently produced in the midst of the pulmonary tissue, states that "bearing in mind the form, as it were branching, of these calculi, and comparing it with that of the culs-de-sac which terminate the bronchi, as they are represented in Reisseissen's work,[3] we shall be led to think that here again the concretion is seated in the ultimate extremities of the bronchial tree in the air vesicles."

These were, at any rate, the post-mortem results. On the history, not given in this record, I wrote to Mr. Cock, the alone survivor of those present. In his letter to me he says: "I believe that Sir Astley Cooper was always considered to be in his youth most healthy, and active, and daring;" and, further on, "I *think* I have heard a legend that in his early days he once lost some blood from the lungs and *bled himself* on that occasion. He has been in my recollection from the time I was three years old, and I never heard of his being ill." Mr. Cock referred me to Mr. Bransby Cooper's "Life" (1843) of his uncle, a book quite as full of the nephew as it is of his more illustrious relative. I have read the two volumes carefully, and the only help I have managed to obtain in reference to the reason why Sir Astley Cooper drew attention to this suspected phthisis is in the statements[4] that three elder sisters and a younger brother died of "consumption" after reaching the full age of womanhood and manhood. Sir Astley died in his seventy-third year; his father had died at the age of sixty, his mother at that of seventy, his grandfather, as his epitaph in St. John's Church, Norwich, still declares, at that of seventy-four.

That it was something which had occurred in early life, connected in some way with these deaths in his family, and nothing in the condition of his general health, that led him to the suspicion of phthisis—and observe that the directions for the post-mortem examination were given only "shortly before his death,"—may be gathered from this nearly complete history. It would hardly be fair to lay any stress on the ironical letter—to me, at least, it seems ironical—published by his nephew. Writing to the latter in his sixty-seventh year, under date Sept. 23rd, 1835, from Weymouth,[5] in reference to a report that he had died suddenly in the Isle of Wight, he says: "My dear Bransby,—It is with much self-gratification that I assure you that I am not *dead*, and that the only fit I have had is a fit of hunger, to which disease I have been extremely liable ever since I was born. Indeed, it is my full intention to practise my profession for the next thirteen years; after that time to retire for twenty, and then to be at God's disposal for as many more as He pleases." It will be noticed by anyone who cares to make out this sum that the end thus suggested of his period of retirement would bring him exactly to a hundred years. His nephew is justified in saying that in this letter "he sufficiently evinced his feeling of mind as to the probable duration of his life."

And it does so happen that the record of February, 1841, and the testimony of February, 1879, do coincide in a very important point. The calcareous mass found after death might possibly, did probably, represent—and here observe how the scientific carefulness of Mr. Cock unconsciously guards the truth—the "legend" of the hæmoptysis for which the surgeon "bled himself." Whether this be the fact or not, the case is one more example of the truth of Andral's remark,[6] with which my own experience, as well as that of others, leads me fully to concur—"We know of but very few cases in which symptoms of phthisis have shown themselves consecutively to the existence of simple calculi in the lungs." In other words, I believe that this calcareous mass was, as Sir Astley Cooper's great colleague, Addison, had found[7] in numerous instances under his own observation, "unequivocal evidence of antecedent inflammation" occurring "in early life and in a hale constitution." And, further still, I believe it to be an example of the same form of inflammation having this good result in the healthy members of a family, while in the more feeble and cachectic it went on to what must be supposed from their recorded history to have been disintegration and destruction of the pulmonary tissue—an example of catarrhal pneumonia, in which "the process which has gone on is a process of natural recovery."[8]

This is one point in the diagnosis of phthisis which I would insist upon—and it is most intimately connected with the prognosis,—that in a member of a family in which there are truly phthisical subjects, a lobular pneumonia, dangerous to the latter, need not proceed to fatal disintegration. Hæmoptysis, in its most restricted meaning, is by no means always to be suspected as indicative of phthisis. What hæmoptysis necessitates is caution, not condemnation. As in Sir Astley Cooper's case, the "suspected indications of phthisis in youth" are not seldom belied by a life of threescore years and ten.

There is a further point, however, which the post-mortem examination of the great vivisector and operator suggests to our minds, though it does not arise directly out of the comparison of his life and death history, a history in itself of some interest, and, so far as I know, not hitherto followed

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[1] A paper read before the West Kent Medico-Chirurgical Society, March 7th, 1879.

[2] "Une concretion arrondie, du volume d'un pois." Clinique Médicale, 1840, 4me édition, iv., 131.

[3] De Pulmonis Structurâ. Strassburg, 1803.

[4] Life, vol. i., pp. 34, 36, 39.

[5] Ibid, vol. ii., p. 448.

[6] Clinique Médicale, t. iv., p. 134, 1840.

[7] See Guy's Hosp. Rep., series 1, vol. ii., p. 30; and ibid, series 1, vol. iii., p. 3.

[8] Watson, 4th edition, p. 187, 1857.

to its due conclusions. The suspicion of phthisis, happily a fallacy in his case, may proceed on apparently stronger grounds, and much more wrongly, in other cases, to the diagnosis of phthisis. I will attempt to show that there are cases in actual experience of this latter kind—cases diagnosed and treated as cases of phthisis, yet demanding a treatment, so far as I can see, almost entirely opposite.

Among the various fallacies to which the diagnosis of phthisis is open, none seems to me to be so common as that of confounding it with bronchitis. And I would go further than did my old teacher, Dr. Barlow. He tells us[9] "the discrimination of simple bronchitis from early phthisis is the question that we are perhaps most frequently called upon to decide in the diagnosis of the latter." But a still more difficult question, to which the same writer only slightly refers,[10] is the diagnosis between chronic bronchitis and chronic—that is to say the ordinary form of—phthisis. In illustration of this difficulty I propose, even at the expense of being somewhat tedious, to follow out still the rule laid down by Morgagni, on which I have already laid stress elsewhere. For I am certain that the advance of clinical medicine depends entirely on a collation and comparison of numerous instances, gathered from various sources, and those not only of the presumedly more scientific times in which our own work is set.

Before quoting Bayle (1810), it is but justice to summon the testimony of Laennec[11] to the great skill of his predecessor in this branch of inquiry. "He was," says Laennec, "a practitioner who carried exactitude of diagnosis to its furthest. Few men united in so high a degree the qualities which make a good physician and a capable observer." I am sorry to bear still further testimony, and to say that this good book of Bayle's, and others I can scarcely doubt as good, are so little read nowadays, that I had the pleasure, only two days ago, in the library of the College of Surgeons, of cutting some of the pages of his "Researches on Pulmonary Phthisis," published in 1810 at Paris.

Bayle gives, at any rate, seven cases of chronic pulmonary catarrh simulating phthisis; four of these recovered, and so far we cannot deal with them. I may be allowed to pass them by, for the nonce, as cases of chronic bronchitis. Of three other cases—Cases 48, 49, and 52—the two first were certainly cases of chronic bronchitis. The first is the case of a baker, aged twenty-three, with long neck and narrow chest, who was subject to frequent colds, lasting sometimes several months in succession during the winter; he was remarkably emaciated, had night-sweats, slight diarrhœa, frequent cough, with abundant sputa resembling pus. He died of a capillary bronchitis, the probable cause of which was an attack of scarlet fever. Case 49 is that of a man, aged seventy-seven, formerly a cook, who suffered, as the history seems to show, from gouty bronchitis, though the physical signs led to the diagnosis of phthisis. The post-mortem examination, however, proved the lungs to be perfectly healthy, the mucous membrane of the trachea and bronchi only white—"not even reddened"—and scarcely at all thickened. Louis makes some very strong remarks in reference to a case given in his own book.[12] The patient was a labourer, aged fifty-nine, who had catarrh from infancy, a cough troublesome in winter and better in summer; diarrhœa and night-sweats; no hæmoptysis or pain in the chest. The physical signs were sonorous percussion over the chest, with rhonchus and pectoriloquy at the right apex. After death the bronchi were found dilated in the latter region, and less so at the left. "Undoubtedly," writes Louis, "facts of this kind are rare, and years may pass before I meet with another like it; but it is none the less worthy of attention, since it is a proof of the difficulty of diagnosis in cases which are to all appearance the most easy."[13]

Andral[14] gives a very similar case occurring in a blacksmith, aged twenty-seven. He had had a constant cough for two years, had never spat blood, had become emaciated, had slight night-sweats, with a rise of pulse-rate towards the evening. There was no dulness on percussion, or pectoriloquy, and only some mucous râles in different parts of the chest. The emaciation and general enfeeblement increased, diarrhœa supervened, and the patient died semi-comatose. The sputa preserved throughout the same character—separate, rounded, greenish patches floating on abundant fluid. The diagnosis made was that of "numerous tubercles commencing to soften." But the post-mortem examination showed the pulmonary tissue healthy, and slightly engorged, and the bronchi (as in the case quoted from Bayle) extremely pale, even down to their smallest divisions. Further on[15] Andral gives another case in a wigmaker, aged forty-six, who had been liable to catch cold easily for years. He had had hæmoptysis, and was extremely emaciated. To the illustrious physician and his colleague the physical signs were those of a pulmonary phthisis advancing slowly. But after death the supposed cavity was a considerable dilatation of a bronchus, others of which showed the same change, with the lung-tissue between the dilatations compressed, "resembling the tissues of a lung more or less forcibly pushed back by pleuritic effusion."[16] The sputa, with the exception of being yellow and fetid, resembled those in the preceding case.

(To be concluded.)

9 Practice of Medicine, p. 205, 1861.
10 Loc. cit., p. 214.
11 Auscultation Médiate, 2nd edit., ii., p. 160, 1826.
12 Second edition, p. 502.
13 Loc. cit., p. 506.
14 Clinique Médicale, t. iii., p. 165, 1840.

15 Ibid, p. 191
16 Ibid, p. 195

A RARE CASE OF INTESTINAL OBSTRUCTION OF THIRTY-NINE DAYS' DURATION; RECOVERY.

BY WALTER HUTCHINSON, M.R.C.S.

I HAD the following interesting case in my practice a short time ago, and as I cannot find a similar case in any text-book, I venture to place on record a short account of it.

T. E——, a deaf and dumb lad about seventeen years of age, was, on May 11th, taken suddenly with a sharp pain in the right iliac fossa, accompanied with diarrhœa and vomiting. My partner, Mr. J. R. Wright, saw the lad, and prescribed a mixture containing one drachm of chlorodyne, a sixth part to be taken every two or three hours, and a pill of calomel and opium (one grain to a quarter), and ordered hot fomentations to be applied over the seat of the pain. The diarrhœa ceased after a few hours, but the pain and vomiting continued.

On the following evening the vomiting began to be stercoraceous in character, when a large quantity of soap-and-water was thrown up the rectum, with the view of overcoming the obstruction, but with no relief to the symptoms.

May 14th.—The lad being no better, Dr. Latham, of Cambridge, was called in, when the boy presented a typical case of acute intestinal obstruction. Dr. Latham ordered another injection, but with the same result as the former one. The boy's friends were informed that it was an almost hopeless case, even if operative measures were taken, but this they would not allow. The stercoraceous vomiting was very severe, everything being brought up directly it was swallowed.

21st.—Nutrient enemata were begun to-day after a great deal of trouble in getting the patient's consent, and these were continued until June 3rd, ice being the only thing allowed internally, with the exception of a little iced champagne occasionally. For the next ten days he lay on the brink of the grave, the stercoraceous vomiting being very troublesome the whole time.

On June 13th during a fit of straining he passed per anum a small quantity of blood, and what at first sight appeared to be a piece of bowel structure. He was ordered five grains of Dover's powder every four hours. He had a most anxious expression of face, and was exceedingly afraid of his bowels being opened again. He lay in this state till the 19th June, when he passed a large quantity of blood and what I took to be bowel structure, the bulk being almost sufficient to fill a quart pot. The Dover's powder was continued, and day by day he gradually improved, his appetite, however, being very bad.

On June 24th his bowels were opened, and fæcal matter was found in the napkins, coated with blood and pus. His bowels were opened now about three times a week, and always presented the same appearance, which latter circumstance continued for about a month. Great care was taken

during his convalescence with regard to his food, of which he would have taken immoderate quantities if he had been allowed. By the middle of September he was out walking, and apparently in perfect health.

My friend, Professor Curnow, was kind enough to examine under the microscope what had passed away from the lad, and I have his permission to quote from his letter to me the result of his investigation:—"I have carefully examined the specimen, and can find only blood-clot, with here and there some stringy mucus. There is no sign whatever of bowel structure; it is a most interesting case, and the obstruction must have been caused by the blood-clots. Of course I can form no opinion as to the site of the hæmorrhage, but the amount of the clot would make it very probable that the ruptured vessel (ulcerated?) was a tolerably large one."

One word with regard to the treatment. I think the Dover's powder was very beneficial, easing the pain, &c., and also quieting the peristaltic action of the intestines. During the earlier period of convalescence he was ordered a mixture containing ammonia and bark, but this was soon discontinued, as he seemed much better when not taking it, and nature having done so much for him, I thought I could not leave him in better hands.

Newmarket.

CASES OF

ARSENICAL POISONING RESULTING FROM A RED WALL-PAPER.

BY GEORGE GARLICK, M.D. LOND.

Two children were brought to me last August whilst I was seeing out-patients at the Children's Hospital, Great Ormond-street, for Dr. Barlow. Their mother, who brought them, gave the following account:—The elder, a boy of eight years, had been suffering some time from pains in the eyes, nose, and different parts of the body. He passed restless nights, and was during the day depressed and inert. His digestion was feeble, and he had flatulence after food; his tongue was furred, pale, tremulous, and silvery; and the motions were described as offensive. There was besides a small patch of ill-developed psoriasis on the face. The other child, a little girl, also had pains in the eyes, nose, and shoulder, described as of a shooting character. Her tongue was also furred, and she had, like her brother, dyspeptic symptoms.

This remarkable combination of symptoms—viz., the local pains in the eyes and nose, with the presence of dyspepsia—suggested to me the possibility of arsenical poisoning, and on further inquiry this supposition was much strengthened by the remarkable statement of the mother, that she was much surprised at her children describing exactly the same symptoms as she herself felt, and that two of her other children at home suffered in the same way; in fact, with the exception of the father and one child, all suffered in the same way. She was accordingly directed to bring some of the wall-paper of the rooms they inhabited.

On the following visit she brought specimens of the two kinds of paper they used, and I proceeded to test them. One was a powdery, suspicious-looking paper. This, however, gave no reaction, but on testing that of their sitting-room (a very thin paper) it gave at once a most copious reaction with Marsh's test. This latter paper had been put up about two years; it was of very inferior quality, and consisted of red stars stamped on a ground of pale-yellow and grey-brown. On testing different portions of the paper, the arsenic was found to exist in the red pigment only. This shows that green is not the only colour to be feared in wall-papers. The walls of the sitting-room were described as being in parts quite damp—that is, in a state which is said to render arsenical papers more dangerous. The mother, on being informed of the dangerous nature of the paper, at once, on arriving at home, went to work to pull it down, and set fire to it in the yard; in fact, she acted with such promptitude that I was unable to obtain another specimen of it. This is an interesting example of continued discomfort and deterioration of health going on in a family for almost two years, owing to the existence of the poisonous paper. The neighbours commonly remarked how pale the children looked and dull about the eyes. After the paper was removed the pain complained of in the eyes and nose at once ceased. The dyspeptic symptoms were more slow in mending.

The paper has been since tested by a distinguished analyst, who stated it contained a large quantity of arsenic; he characterised it as a most dangerous paper.

Great James-street, W.C.

CASE OF ACONITE POISONING.

BY THELWELL PIKE, M.D.

ON Dec. 19th I was hastily summoned to Mrs. A. B——, a lady staying in my house. I saw her at 6.15 A.M., and found her standing at the washstand retching violently and vomiting, with distressed and anxious manner. I learnt that about five minutes to six she had taken between three and four drachms of aconite liniment (P.B.) in half a tumbler of water, and had then returned to bed. In the course of ten minutes she began to feel pain and uneasiness at the pit of the stomach and upper part of the throat; this getting worse, and sickness coming on, I was called.

I immediately got some liq. ammoniæ which I happened to have in my room, and gave twenty or thirty drops in a tumbler of water, and followed this by a tumbler of warm water; both were almost immediately rejected, and some more water which I attempted to give was not, I think, really swallowed, and the same occurred on trying to give some milk. All this time the pain in the stomach and throat was increasing, and described as "horrible." I applied hot bottles to the feet and body, and a mustard poultice to the stomach; but the extremities became more and more cold, hands and fingers blue; also the chin and jaw, *not* lips, became so, and the countenance was most distressing—eyes glaring, pupils dilated. The pulse was becoming very feeble, scarcely perceptible, very quick and flickering, and the heart-sounds very weak. As all attempts to give anything by the mouth failed, and only increased the distressing retching and vomiting (ejected matter being at first frothy fluid, then viscid mucus, and then frothy mucus just tinged with blood, and subsequently some bile), it occurred to me to inject ether subcutaneously, and I prepared to do so. This was about 7 A.M. My friend Mr. Dawson, for whom I had sent, now arrived, and he concurring, I injected fifteen minims. But we could see no effect; pulse still almost if not quite imperceptible, and the other symptoms as bad as before. In about ten minutes I injected fifteen minims more; and soon after, all the symptoms remaining, or, if possible, getting worse, I injected twenty mimims. We thought this slightly improved the pulse for a time, but the improvement did not last; so in about ten minutes I again injected twenty minims, and this time with the happiest result. In about ten or fifteen seconds there was some excitement and delirium, similar to that produced by inhalation, which lasted for a few moments; and almost coincident with this the pulse improved and became full and much slower. From this moment my patient was saved; for, although the effect of the ether in some degree passed off, the pulse remained fairly good. Warmth gradually returned to the body and the extremities, the blueness disappeared, the retching gradually ceased, and after a while the patient was able to take a cup of warm milk and coffee, and recovery gradually took place without interruption. The symptom which remained longest was the distressing pain at pit of stomach and in the throat. I should have said that there was some weakening of muscular power; no convulsions, but, for a time, a rigid state of the muscles was induced on attempting to take hold of anything—cup, glass, &c. The intellect all the while, except as stated, remained clear; urine passed twice, bowels acted once.

I think we may fairly claim that the ether, at any rate, helped considerably to stave off death while the aconite was being eliminated, and the result of the last injection was so marked as to deserve, I think, a trial in a similar case. The dose of aconite was a very large one, and taken, too, when absorption was probably rapid; the last meal, a light supper, having been partaken of about 9 P.M. I cannot too gratefully acknowledge the kind aid rendered me for two or three hours in this anxious case by my friend, Mr. Dawson.

Malvern.

LIGATURE OF THE COMMON FEMORAL ARTERY.

BY HENRY PILKINGTON, M.R.C.S., &c.

C. S. L——, a black gentleman, aged fifty-three, who had been accustomed to undergo great fatigue on foot and on horse-back, came to me on Sept. 14th, 1877, complaining of a swelling in the left ham. He said that four months previously he had had a severe fall from his horse, and that shortly afterwards he felt pain behind the knee. A tumour soon afterwards appeared in the same place, which gradually enlarged, until he applied to me for relief. At the time of this application the left knee measured exactly twice as much as the right, on account of a tumour in the popliteal space, which pulsated strongly and disappeared on pressure being applied to the femoral. I advised him to submit to an operation, which he reluctantly did, and on the 1st October, ably assisted by Mr. M. P. Duke, L.R.C.S.I., and two non-professional gentlemen, I tied the superficial femoral in its upper third. Immediately after tightening the ligature severe hæmorrhage set in, and the colour of the blood, together with the strength of the jet, convinced me that the profunda femoris, which was given off very low down, had unfortunately been wounded, most probably by the aneurism needle. I enlarged the incision and applied a ligature above the origin of the profunda, but, as the bleeding still continued, another ligature was applied to the profunda itself. The hæmorrhage immediately ceased, and the wound was closed by four hempen sutures. The leg was surrounded with cotton wool, outside of which several hot-water bottles were applied, and the wound was dressed with carbolic lotion. The patient never showed any bad symptoms, and the pulse never exceeded 96.

On the fifteenth day after operation the ligature on the profunda came away, that on the superficial femoral on the twenty-first, and that on the common femoral on the twenty-fifth. He left his bed on the thirtieth day, the wound having healed, and he has now resumed his ordinary occupation, the tumour in the ham being only the size of a hen's egg, and gradually getting less.

Roseau, Dominica, W.I.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

CARCINOMA OF THE RECTUM IN YOUNG ADULTS; REMARKS.

(Under the care of Mr. GEORGE LAWSON.)

Epithelioma of the rectum; left lumbar colotomy; temporary relief; death; secondary deposits.—Olive M——, aged twenty-seven, a servant, was admitted into Regent ward on July 1st, 1879, suffering from cancer of the rectum. The patient stated that about Christmas, 1878, she first began to have a feeling of uneasiness in the rectum, which sometimes amounted to pain, especially if she walked far. The bowels were very constipated, and it was for this she sought advice. She was ordered some purgative medicine, and was somewhat relieved. The pain, however, in the bowel increased, and she was obliged to give up her situation. A muco-purulent discharge with blood was next noticed, and she had frequent desire to go to stool, but she only passed small lumpy pieces of fæcal matter. The pain, the discharge with blood from the rectum, and the constant desire to defecate, continued to increase until June, when she was compelled by her sufferings to seek further advice, and on July 1st was admitted into the hospital.

On admission, she was greatly emaciated, and had a pale, drawn expression indicative of suffering and exhaustion. There was a constant desire to empty the bowels, but there had been scarcely any feculent matter passed for seven days, except the small lumpy bits accompanied with pus and blood, which escaped when she tried to relieve herself by going to stool. There was a constant, offensive, muco-purulent discharge, mixed with blood, which continued to drain from the anus. On introducing the finger into the rectum it at once came in contact with an extensive ragged ulceration, which included the entire circumference of the bowel, and extended upwards for about four inches. She complained of a constant aching pain in the bowel and of pain in the left leg.

The patient was evidently in the last stage of the disease, and, nearly worn out with continued pain, was gradually sinking. With the hope of procuring ease, by preventing the fæces from passing over the extensively-ulcerated surface in the rectum, and to relieve the obstruction of the bowels, Mr. Lawson decided to perform colotomy. This he did on July 5th, in the usual manner, in the left loin. After the operation there was a good deal of sickness, and this continued on and off for two or three days. When all the first effects of the operation had passed away, the patient expressed herself as much easier, and said she had lost the pain in her leg. Owing to her great emaciation, two bed-sores formed; but, after being placed on a water-bed, these took on a more healthy action and began to heal.

On Aug. 4th she was improved in health and spirits. There was a free discharge of solid fæces from the wound, and the bedsores were clean.

Shortly after this her health seemed suddenly to fail her; vomiting came on, and continued on and off until, quite worn out, she died on August 17th. The following is from Dr. Coupland's notes of the post-mortem examination:—Rectum: For about four inches the coats of the bowel were replaced by a ragged ulcerated surface, involving the whole circumference of the bowel. The upper margin of this ulceration was raised, everted, soft, and whitish. At one point the ulceration extended almost through the serous coat into the recto-uterine pouch. The liver was fatty, and two or three small, white, and firm nodules, from the size of a pin's head to a peppercorn, were found embedded in its substance. Both lungs were emphysematous, studding their pleural surfaces, and also largely distributed throughout their parenchyma were numerous nodules of the size of peas, those on the surface being flattened. On section they appeared white, dry, and friable. There were secondary epitheliomatous deposits.

Carcinoma of the rectum; lumbar colotomy; relief.—Eliza M——, a widow, a fair-haired and delicate-looking woman, aged thirty-one, was admitted into Queen's ward on Nov. 14th, suffering from cancer of the rectum. Her previous history was imperfect. She dated the beginning of the present illness five months back, when she had a violent attack of diarrhœa, and which continued with varying severity up to the time of admission. She had had much pain in the bowel and down the legs to the knee, with frequent, almost hourly, desire to empty the bowels. There was no family history of cancer.

On admission she was in a state of extreme exhaustion. Her admission into the hospital had been delayed a week in consequence of her parents being unable to move her, fearing that she might die during the journey. She had a hectic flush, and a small, rapid pulse. On examination with the finger, Mr. Lawson detected a large epitheliomatous mass involving a large portion of the anterior wall of the rectum. The pain in the bowel was very severe, and the diarrhœa, with constant desire to evacuate, added much to her misery.

On the following day (Nov. 15th) Mr. Lawson performed colotomy in the usual situation. The patient was greatly relieved by the operation, and at once began to improve. The pain in the bowel and down the legs was much diminished, and the desire to go to stool ceased.

On Nov. 19th, the artificial anus in the loin acted well. Some of the fluid portion of the fæces passed per anum, whilst the more solid escaped by the opening in the loins.

On Dec. 20th the patient felt so much better that she was able to sit up in the ward, and on Dec. 23rd she was allowed, at her own request, to go home.

Remarks by Mr. LAWSON.—Although cancer of the rectum usually does not occur till after thirty-five years of age, yet it does sometimes occur in early life, and in the Middlesex Hospital there have been many instances of young persons

being affected by it. Mr. Nunn performed colotomy for the relief of cancer of the rectum in a young lad seventeen years of age, and the late Mr. Campbell de Morgan opened the colon for a girl aged twenty, whose rectum was occluded by cancer. In persons of full middle and advanced age cancer of the rectum makes slow progress, but in the young the disease is more acute, and will often destroy life in from nine to eighteen months. The disease is very insidious in its commencement and progress, frequently coming on and developing itself without producing sufficient discomfort to compel the patient to seek advice until it is far advanced. The signs are more or less constipation, small and lumpy fæces—there being no regularly formed motions,—frequent desire to evacuate the bowel, the passing of a little blood and matter from the bowel, and an offensive smell, an odour which those who have to deal with such cases consider almost as characteristic of the disease. There is one other symptom which is associated with this disease in its later stages, and is very distressing; it is pain down the thigh extending into the leg, and to obtain relief from this the patient keeps the limb in a more or less flexed position. The two cases above related are examples of cancer of the rectum occurring in young patients, both females, one aged twenty-seven, and the other thirty-one. In both the symptoms had become very distressing before their admission into the hospital. And in both the operation of colotomy was performed with the view of alleviating their sufferings. In each case the operation gave great comfort, the constant desire to go to stool was relieved, and the patients could stretch out their legs in bed, as the pain in the limb was removed. It may be well to add that after colotomy the fæces may be almost deprived of odour by giving daily a small teaspoonful of Belloc's charcoal in water, or a few charcoal biscuits.

EVELINA HOSPITAL FOR SICK CHILDREN.

A CASE OF SCORBUTIC DYSENTERY IN A CHILD PROVING RAPIDLY FATAL.

(Under the care of Dr. GOODHART.)

ANNE S——, aged eleven and a quarter, was admitted on July 29th, 1879. She had been unwell for some months with a bad appetite, and lately she had been fed very badly, having meat only once a week, and bread and butter on other days. As she walked into the out-patient room she was pale, with bloodless lips, and very feeble in her gait. Being placed upon the couch and undressed, her skin was noticed to be covered with purpuric flea-bites and other petechiæ, and over the legs were large, fading, bruise-like discolorations. The spleen was large and firm, not tender; it came two finger's breadth below the ribs. The blood looked watery, and under the microscope was poor in red corpuscles, while the colourless corpuscles were in large excess. It was further to be noticed that the colourless corpuscles were the same size as the red corpuscles, but they contained no colouring matter, and were a little granular. About one in every four was of this kind. The lungs were healthy. There was a soft systolic bruit over the pulmonary artery, probably hæmic in its nature. Temperature 100·8°. She was admitted, and ordered full diet, with half an ounce of lemon-juice every four hours.

July 30th.—Morning temperature 99·6°; evening 100·8°; free perspiration.

August 1st.—Temperature morning and evening 102°. The bowels, which had been confined since admission, were open once; the motions were not anything unusual.

On the 2nd, severe diarrhœa set in, with great thirst. The bowels acted five times during the day, and ten in the night, the motions being watery and pink from the presence of blood. Evening temperature 103°. She was ordered five drops of dilute sulphuric acid, and four of tincture of opium, with a little spirits of chloroform, every six hours in a tablespoonful of water; and three ounces of wine were given daily.

On the 3rd she was losing ground fast. The diarrhœa continued, and blood was passed every time. The pulse was very soft, 128. There was a systolic bruit (? splenic) heard over the ensiform cartilage downwards and outwards towards the left and over the splenic tumour. The hæmacytometer give 214 red corpuscles in ten squares, or less than one-half the normal quantity. Only one colourless corpuscle could be seen in ten squares of the micrometer; but there was some variability in the size of the red corpuscles. The hæmoglobiometer gave 65 per cent. of the colouring matter absent. The child was languid, exhausted, and more anæmic. The tongue was rather dry, but there was no sponginess of the gums. There was a short systolic bruit heard at the apex of the heart and in the axilla, as well as one at the base. The impulse was in the normal position, but too jerking. The optic discs were white, and two small hæmorrhages were seen on the right side, one near the disc, the other along a vessel running downwards from it. Temperature, morning, 104·2°; evening, 104°. The bowels were constantly acting, and she was frequently sick also. A grain of quinine was ordered to be taken with every dose of her medicine, and half a teaspoonful of brandy with ice-water every hour, with milk.

On the 4th bleeding from the gums commenced. The systolic bruit was louder, or rather what previously seemed to be two bruits could now only be recognised as one, heard equally loudly all over the precordial region. The heart-sounds were peculiarly loud and ringing, and the heart's action was very rapid. She was now ordered hamatoxylin and ipecacuanha with bismuth, but the diarrhœa persisted in spite of all treatment. The temperature rose to 105·6°, and she died on August 5th. Cold sponging reduced the temperature to 104°, but without any amelioration of her symptoms.

Decomposition of the body set in rather rapidly, and the inspection being unavoidably delayed for forty-eight hours, the viscera were too much altered to give evidence of disease. The spleen was distended into a large bladder of gas, so that it is probably a safe inference that it was reduced to a very soft and pulpy state. The only actual lesion found was in the colon and rectum. The lower part of the bowel was the seat of a severe diphtheritic inflammation, the mucous membrane and submucous tissue being swollen and forming thick folds, occluding the calibre of the bowel, and the ridges thus formed were coated with thick adherent membranes, which covered a bleeding ecchymosed surface beneath. The entire surface was affected below, but towards the upper part of the rectum the disease became patchy, the isolated spots being about the size of a pea, deeply ecchymosed, and with diphtheritic membrane in the central portion. They gradually became less frequent, and ceased altogether about the splenic flexure of the colon.

It should be said that the fauces, vagina, and other likely parts were examined for any evidence of diphtheria, but they were all quite healthy.

ST. MARY'S HOSPITAL, MANCHESTER.

RENAL ABSCESS CAUSED BY A FRAGMENT OF CARIOUS VERTEBRA ULCERATING INTO THE KIDNEY AND FORMING THE NUCLEUS OF A RENAL CALCULUS; OPERATION; DEATH; AUTOPSY; REMARKS.

(Under the care of Mr. CULLINGWORTH.)

FOR the following interesting notes we are indebted to Dr. William Walter, house-surgeon.

A married woman, aged thirty-two, a music-hall dancer, was admitted on May 9th, 1879, ten days after her ninth confinement. She had followed her occupation up to within seven months of her admission, to which date she referred the commencement of her present illness. For two years, indeed, she had occasionally felt pain in the left lumbar region after prolonged exertion, but about the time alluded to, after completing an unusually laborious engagement, she was seized with pain of a more severe character, and she presently noticed a swelling below the ribs, which, gradually increasing, led her to think she must be pregnant of twins. She suffered considerable pain in the left hypochondrium as well as in the back, and occasionally she felt the pain shooting downwards in the direction of the bladder. There was never pain during micturition, or any blood noticed in the urine, but during the last three months of her pregnancy the urine had been turbid, and since her confinement had smelt most offensive.

On admission she was looking pale, worn, and extremely ill. There was a distinctly fluctuating swelling anteriorly below the ribs on the left side, extending inwards nearly to the middle line, and downwards as far as the iliac crest.

The percussion note over the swelling showed that there was bowel between it and the abdominal parietes. There was no lateral bulging but on the left side of the upper lumbar vertebræ posteriorly. There was another and much smaller swelling, in which fluctuation was not obtainable, but which communicated, on pressure, an indistinct impulse to the swelling in front. The patient endured constant and agonising pain, and the swellings, particularly that in front, were exquisitely tender. The urine contained a large quantity of fetid pus. On two occasions an unusually large quantity of pus was passed, and each time the tumour temporarily diminished in size. The morning temperature varied from 99° to 100°, that in the evening from 101° to 102°. The pulse was usually about 110, sometimes rising as high as 130. There was obstinate diarrhœa, and the patient perspired profusely.

On May 30th the posterior swelling was aspirated, with no result beyond blocking of the needle with what the microscope showed to be a quantity of broken-down tissue.

On June 13th an incision one inch and a half long was made in the long axis of the posterior swelling. Immediately the skin was divided a quantity of reddish pultaceous material escaped, resembling what a fortnight before had blocked the aspirating needle. On passing in the finger, the transverse processes of the adjacent vertebræ were felt to be exposed and roughened from caries, and the lumbar muscles were found entirely disorganised and pulpified. At a depth of three inches from the surface a tense membrane was reached, evidently the posterior wall of the fluctuating tumour in front. Twelve ounces of fetid pus were withdrawn by the aspirator. The opening was then enlarged by means of a probe-pointed bistoury, the abscess-cavity explored, and two calculi removed with the aid of a small lithotomy-forceps. The cavity was syringed out, a drainage-tube inserted, the wound dressed with tenax, and the patient removed. She never rallied, and died on the third day.

Necropsy, twelve hours after death.—The left psoas muscle was almost completely disintegrated, the small portion remaining being closely adherent to the left kidney. The left transverse process, and the left side of the body of the second lumbar vertebra, had disappeared, and the tips of the left transverse processes of the first and third lumbar vertebræ were also implicated in the caries. The left kidney and ureter were enormously enlarged, and the pelvis of the kidney had become a distended suppurating cavity, which had been opened and partially emptied through the incision made posteriorly during life. At the bottom of one of the dilated calyces lay a calculus of the size of half a marble. The kidney itself was riddled with abscesses, and at its posterior and inner aspect, where it had been in close contact with the vertebral column and bound down to it by strong adhesions, there was an ulcerated opening permitting free communication between the diseased vertebræ and the interior of the kidney. There was no evidence of peritonitis or other morbid condition.

The largest of the three calculi was of a light colour and an extremely angular and irregular shape. At its centre, where it was bent at a slightly obtuse angle, was found a small nucleus of carious bone, and around this a layer of oxalate of lime, while the outer portions of the calculus consisted of phosphate with some admixture of carbonate of lime. The two smaller calculi, of which the one removed during life was about equal in size to a Calabar bean, were of a darkish-red mottled colour, and possessed a smooth surface. They were found on analysis to consist of phosphate and carbonate of lime. The weight of the largest calculus was 5·8 grammes, and that of the two smaller 1·87 grammes and ·47 gramme respectively.

Remarks by Mr. CULLINGWORTH.—The sequence of pathological events in this case was unusual and interesting. It seems reasonable to suppose that the first morbid process was caries of the lumbar vertebræ, and that this was accompanied with chronic inflammation of the adjacent tissues, producing, in the case of the psoas muscle, disorganisation, and in the case of the kidney, firm adhesion of the capsule to the vertebral column. A small portion of necrosed bone appears then to have made its way by ulceration through the substance of the kidney into the pelvis of that organ, where it became the nucleus of a calculus of considerable size, and the exciting cause of the formation of two smaller calculi. The patient's vocation as a public dancer would no doubt intensify the irritation produced by the presence of these calculi, the ultimate result of which was pyelitis, destructive suppuration, and death.

QUEEN'S HOSPITAL, BIRMINGHAM.

ABSENCE OF THE UTERUS AND VAGINA; VICARIOUS MENSTRUATION.

(Under the care of Mr. JOHN CLAY.)

FOR the following notes we are indebted to Mr. J. Lloyd Thomas, obstetric assistant.

Sarah J. P——, aged twenty-one years, a pupil-teacher, was admitted on Aug. 15th, 1879. Her general health was good until her seventeenth year, when she commenced to have severe headaches, which came on at regular intervals of a month; they were followed by sickness and epistaxis. These symptoms generally lasted about three days, and as soon as they subsided she would be perfectly well. Four months ago she applied to one of the physicians of the hospital as an out-patient, and was treated for amenorrhœa. She was not aware of any arrest of development, nor was her mother conscious of any irregularity in that respect. The headaches were somewhat relieved by treatment, but in consequence of the amenorrhœa she continued to attend as an out-patient until she was transferred to Mr. Clay.

The patient was rather tall, of light complexion, of ordinary build, and had all the external appearances of a woman of her age. She was of a highly nervous temperament, and was very reserved and bashful. The breasts and the external organs of generation were very well developed. The site of the orifice of the vagina was occupied by a thick membrane, inasmuch as there was perfect continuity of structures from the external urinary meatus to the anus, and no aperture corresponding to a vagina could anywhere be found. A sound was also introduced into the bladder and a finger into the rectum, but the uterus was found to be absent.

On Aug. 19th, the patient having been put under the influence of chloroform, Mr. Clay made a transverse incision half an inch long in the central line of the thick membrane, and just above the anus. The finger now easily passed about two and a half inches into the loose cellular tissue between the bladder and the rectum, and the uterus was sought for, but in vain. On further exploration, a nodule was felt in the left side of the pelvis, and believed to be an ovary. The artificial opening was plugged with carbolised lint, which was changed daily for three days, after which the opening was kept patulous by passing the finger into it occasionally.

On Aug. 31st her usual monthly symptoms came on, four weeks exactly having elapsed since the last similar attack. She had severe headache and sickness; there was also a sudden rise of temperature from 99° to 104·6°; pulse 140. On Sept. 1st the temperature was 104°; pulse 152. She had a sharp attack of epistaxis in the night, and constant sickness. In the evening the temperature had fallen to 99·4°, and the patient was comparatively well. The artificial vagina had cicatrised completely when she left the hospital.

ABSENCE OF UTERUS AND VAGINA.

Ellen R——, aged eighteen years, machinist, was admitted on Sept. 15th, 1879. She had never menstruated. She had enjoyed good health until six months previous, when she began to suffer from headache, with pains in the back and abdomen. These symptoms were more marked at monthly intervals, when she had various hysterical phenomena. There was no vicarious discharge. The breasts and external organs of generation were remarkably well developed. The most careful examination by the rectum and bladder failed to discover either uterus or vagina. As in the previous case, there was no vaginal aperture. No surgical treatment was adopted.

DR. JAMES SHEEHY, of Ebbw Vale, has been publicly presented with a purse of gold and an illuminated address upon vellum, on the occasion of his recovery from a long and serious illness.

VACCINATION PROSECUTION.—At the Limerick Petty Sessions, recently, Mr. Jacob, a Quaker, was fined £1 and costs for refusing to have his child vaccinated. Mr. Jacob has been already fined three times for the offence, and the Limerick Board of Guardians last week adopted a resolution that he should be again proceeded against on his refusal to comply with the law.

Reviews and Notices of Books.

Parasites; a Treatise on the Entozoa of Man and Animals, including some account of the Ectozoa. By T. SPENCER COBBOLD, M.D., F.R.S., F.L.S. 8vo, pp. 508. London: J. and A. Churchill.

IT is very difficult for the reviewer to convey a just idea of the peculiar importance of this addition to the scientific literature of the country. Dr. Cobbold's work does not lend itself readily to the critic's art (particularly when that art has to be exercised within strait limits of space), from the crowded and complicated details into which he enters, and from the fact that the essential value of the work depends upon these details. On laying it down after perusal the mind is oppressed with a sense of the prodigious and long-continued labour which must have been devoted to reducing the information it contains to the compendious form in which it is now given to the world. The work is, nevertheless, in the best sense readable. It affects no literary artifice, but it fixes the reader by the complete mastery of the subject displayed by the author, and by the ever-strange and increasing interest of its several details. Although, as the author says in the preface, "it does not concern itself with therapeutics and the curative treatment of parasitic affections" (these aspects of the question having been dealt with by Dr. Cobbold in a separate work) the book concerns the medical man in his not less important function as an etiologist and in his preventive treatment of diseases. In these respects it will prove of as great interest and value to the medical practitioner as it will to the naturalist in his particular field of study. But as the author himself tells us that in treating of the developmental phenomena exhibited by parasites which occasion fatal helminthiases he has had expressly in view "the requirements of sanitarians," we shall confine our observations to that aspect of the book which relates to the general question of the public health.

No previous work in the English language has presented so large a view of the phenomena of parasitism in man and the lower animals, and enabled so just a judgment to be formed of the important part which parasitism plays as affecting the public weal. Notwithstanding, however, that the work is so comprehensive, its plan is of the simplest. The first part, devoted to man, describes the parasites affecting the human frame in order of families, merely arranged for convenience of description, without reference to conceptions of zoological equivalency; the second part, devoted to the lower animals, describes in succession the parasites affecting the mammalia, birds, reptiles, fishes, and evertebrata. And when we speak of description, we must guard ourselves against causing a misapprehension, for Dr. Cobbold purposely omits minute anatomical details, for the purpose of giving more space to the developmental phenomena, the knowledge of which most immediately concerns the sanitarian and public health administrator. And of these phenomena we would note the remarkable illustrations they afford of a canon of sanitary administration laid down by Mr. John Simon, but which is still most imperfectly apprehended and applied. Parasitic diseases are especially diseases of filthy habits and practices, and cleanliness of habit and practices is the great condition of their prevention; but cleanliness for sanitary purposes can only be secured when, as Mr. Simon stated, "the cleanliness is practised with a clear intelligence of what cleanliness really means." Illustrations of this pregnant principle abound in Dr. Cobbold's work. While common notions of cleanliness effect and have effected much in abating the ravages of parasites, both among man and the lower animals, he makes it transparently obvious that our security against these ravages must be strictly proportionate to our particular knowledge of the manner in which parasitic infection is brought about In other words, he puts, by means of this work, vastly increased power into the hands of the sanitarian, human or veterinary, for accomplishing his functions. We quote almost at random some of Dr. Cobbold's observations on this point, and these only so far as to serve as "whets" to the book.

Writing of *Bilharzia hæmatobia*, he says:—"In the matter of sanitation, it is quite evident from the foregoing data that the danger of infection cannot arise from the drinking of impure water, as ordinarily understood. The embryonal larvæ would be killed by an admixture of sewage. It is obvious that infection can only occur from swallowing free cercariæ, or fresh-water mollusca, which contain the higher larval forms in their encysted or pupa condition. Slow-running streams, or stagnant pools with sedgy banks, are eminently favourable to the existence and multiplication of intermediary bearers, and consequently their waters are dangerous for drinking purposes" (page 54). Again, writing of cestode parasites, Dr. Cobbold says:—"The prevalence, or the rarity, of cysticerci in cattle in any given country must be determined primarily by the habits of the people; for since the beef-measle can only result from the ingestion by the ox of the eggs of the *Tænia mediocanellata*, it is clear that the degree of infection of cattle will correspond with the facilities offered for egg-dispersion. It may be affirmed that the frequency of this particular species of tapeworm amongst the people occupying any given area will bear a strict relation to the amount of underdone beef consumed by the inhabitants" (p. 82). Note also the observations in reference to our relations, as to contact and management of dogs, to cestode parasites (pp. 125, 126); and, again, with reference to the nematode flesh-worm, the *Trichina spiralis*—a subject of increasing importance in this country:—"Can we possibly avoid the contingency of playing the part of host to these creatures?" asks Dr. Cobbold; and he answers, "Certainly; it is simply a question of properly cooking the food" (p. 172). We should have liked to quote a paragraph from page 202, as to potable waters; from page 232, as to uncleanliness of hands; and from page 247, as to privies in relation to parasitism; but we must forbear.

Thus far we have spoken of the excelling merits of this work, but there are certain demerits of form which deserve a passing attention. Dr. Cobbold states in his preface that he has been induced to write this book in place of preparing another edition of his introductory treatise on Entozoa, now out of print. Yet he occasionally refers to that treatise for details which he does not care to introduce in the present work. This is surely awkward and must be most tantalising to the reader who may not have the introductory treatise by him, or be able to gain access to it in a library. Again, a considerable portion of the bulk of the book is made up by biographical references, printed in the same type as the text. This is inconvenient to the reader, and it would be more expedient that these references should be printed in a smaller type. But worst of all, as tending to prejudice the book in the opinion of readers who claim no technical acquaintance with the subject, is the absence of chapters dealing with general aspects of its subject. For instance, in the sanitary aspects it would be most advantageous to have a summary chapter on them. Dr. Cobbold is not disposed to attribute to the English people a widely diffused knowledge of parasitism, nevertheless he pays them the compliment of supposing that they may have an appetite for his book, although it is by no means written, or, indeed, intended to be written, in popular language. It is a technical work, technically treated; but we would ask Dr. Cobbold, in future editions, and in the interest at least of the large class of individuals whom he names "sanitarians,"

and who are so immensely interested in it, to help them somewhat more freely than he has done in the present work to master the infinity of complicated details he gives in their practical aspects. At the same time we would ask him to amend the other faults we have referred to. Other sorts of workers will rejoice in the rich mine he has prepared for their individual delving.

The Heart and its Diseases, with their Treatment, including the Gouty Heart. By J. MILNER FOTHERGILL, M.D., M.R.C.P. Lond., Assistant-Physician to the City of London Hospital for Diseases of the Chest, &c. Second Edition, with Plates and Illustrations. H. K. Lewis, Gower-street.

IT is not necessary to give any lengthy notice of the second edition of this accepted and original work. When we speak of the work as original we do not mean that the author confines himself to an account of his own researches in his own special language. On the contrary, he borrows freely from writers of all countries, and lays them under contribution to the illustration of each successive branch of his great subject. Perhaps Dr. Fothergill carries this method a little too far, and the reader occasionally is disappointed to find the author avoiding the expression of a personal opinion on a case or a subject, and contenting himself with quoting two opposite opinions, and saying that there is much to be said on either side. There is, too, a certain off-handedness and want of clinical and scientific precision and detail in the description of cases and diseases. These faults strike us in reference to Dr. Fothergill's notice of such subjects as the use of mercury in pericarditis, the order and relation of changes in cardio-vascular and renal disease, the nature of the degeneration of heart-tissue in pyrexia and in special fevers, &c. These faults notwithstanding, the book is both original and valuable. It presents a large, recent, sensible view of the many-sided subject of which it treats, in its clinical, therapeutical, and pathological aspects. The present edition is much more carefully written and in every respect more complete than the first. Dr. Fothergill's style of writing is Saxon and human, and will command the attention of many readers. In his hands disease is represented as the outcome of great social and personal conditions, to be retarded in its progress, and, if possible, cured by early detection and by an early rectification of these conditions. He is not a mere pathologist, but a physician who believes in his art, and who has most valuably contributed to its therapeutical efficiency and reputation. We commend his book to practitioners of medicine, who will find the great facts of heart disease and its treatment discussed in a way that will deeply interest them, and tend to give them more hopefulness and sense of usefulness with respect to a class of cases which is far too apt to be regarded from a narrow and dead-house point of view.

OUR LIBRARY TABLE.

Reports of the Medical and Surgical Registrars of the Middlesex Hospital for 1877. London: J. Smith and Co. 1879.—These reports, issued a few months ago, contain some valuable statistical and other information. The total number of patients under treatment in 1877 was 2458; the rate of mortality, 10·7 per cent., or exclusive of surgical cancer (a special feature of the hospital), 9·73 per cent. Several special tables follow the general analysis in the medical report. It is noteworthy that of the ten cases of infectious disease originating in the medical wards, five were cases of facial erysipelas, four of enteric fever, and one of measles. In only one of the first-named was there any evidence of direct contagion. The table and summary of cases of acute and subacute rheumatism are carefully compiled. It is noted that "there were cerebral symptoms with hyperpyrexia in five cases, one of which (with a temperature of 109·8°) died a few hours after admission, and four recovered." In each of these cases cold baths were employed, and salicylate of soda given. The next table is devoted to diphtheria—five cases in all, of which two affected the pharynx only, and one of those was fatal from syncope on the fifteenth day. Three cases, where there was membranous laryngitis (in two tracheotomy was performed), were all fatal. No fewer than forty-two cases of enteric fever were under treatment, with a mortality of 10·1 per cent. A table of these cases is given, and also one of the cases of visceral cancer, which concludes the medical section. The chief feature of the Surgical Report is the admirable summary of cases of cancer and allied malignant growths, comprising as many as 121 cases. Under the heading of "Infectious Diseases" there are thirty cases of erysipelas and cellulitis admitted during the year. "Nineteen cases of infectious disease originated in the wards, including seven cases of pyæmia and septicæmia, the remainder being erysipelatous in nature." Then follows a table of the cases of hernia, of which twenty-one were admitted—twelve in males and seven in females; eleven of these were strangulated and operated on, three of them proving fatal. A table of compound fractures, and a table of operations performed during the year, conclude the Surgical Report. The Medical Report is by Dr. Finlay, the Surgical by Dr. Lyell. A Pathological Report by Dr. Coupland, comprising an analysis of 231 inspections, concludes the volume, the somewhat late appearance of which is to be regretted.

Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris, 1878. Paris: Asselin. 1879.—One of the special features of these reports is the quarterly return of prevalent diseases made by M. Ernest Besnier. These returns have now been made for many years, and are of much value for the sanitarian. Amongst the more interesting topics brought forward at the meetings of the Society may be noticed communications upon Spinal Rheumatism, by Drs. Rendu and Vallin; a case of General Scleroderma, with bronzing and disseminated vitiligo, by Dr. Féréol, which gave rise to discussion bearing on the relations of these conditions to Addison's disease; and a case of Tubercular Meningitis with recovery, by Dr. Dujardin Beaumetz. This last was of especial interest, for choroidal tubercle had been detected by the ophthalmoscope. The diagnosis was doubted by M. Chauffard, as the "tubercle" in the choroid was solitary. Much space is allotted to the full text of more or less extensive memoirs. Two of these are devoted to the subject of Obstetrical Anæsthesia, by Dr. Dumontpallier and M. Lucas Championnière. In a paper on the Diagnosis and Prophylaxis of Mumps in the Adult, based especially on observation of that disease in the army, Dr. Hervieux discusses the question of the frequency of orchitis in this affection. His statistics show a proportion of two cases of orchitis in every five of mumps, and he urges the adoption of measures of isolation in the affection. Amongst the memoirs is one by Dr. Luys upon General Paralysis, and one by Dr. Vallin on the Arthropathies following Acute Disease of the Spinal Cord, whilst a case of Rapid Ulcerous Syphilide in an Infant fourteen months old, by Dr. Dujardin Beaumetz, with marked osseous lesions, may be mentioned as of interest.

Des Paralysies Corticales du Membre Supérieur; Monoplegie Brachiale. (On Cortical Paralysis of the Upper Limb; Brachial Monoplegia.) By D. GASTON DECAISNE. Paris: Baillière et Fils. 1879.—An industrious compilation, one of the many works that have arisen from the doctrine of cerebral localisation. After a brief survey of this doctrine the author limits himself to instances of paralysis (partial or complete) of the arm, associated with lesion of the cortex in the opposite cerebral hemisphere. He concludes that the area hitherto ascribed to the centre

for arm movements is too limited; and he accounts for the restoration of power in most cases either by the lesion being one of a transient character (e.g., temporary anæmia), or by the opening up of fresh paths and the assumption of functions by other nerve-cells, to replace those irretrievably damaged. The leading features of the cortical paralyses he discusses are summed up as follows:—1st, they are limited to one or more muscular groups; 2nd, they are often incomplete, pareses rather than paralyses; 3rd, they are not accompanied by loss of sensation. Trophic and temperature changes are rare in association with them.

The Microscopic Organisms found in the Blood of Man and Animals, and their Relations to Disease. By TIMOTHY RICHARD LEWIS, M.D. Calcutta, 1879.—This monograph, portions of which have lately appeared in the *Quarterly Journal of Microscopical Science*, is characterised by the care and scientific accuracy with which Dr. Lewis has already made us familiar. It deals with a subject which, comparatively speaking, is yet open to great development, and for future workers nothing could be better suited than this essay, partly historical and partly founded upon original observations. It is amply illustrated, and is altogether produced in a manner which does credit to its author.

The Handy Medical Visiting List, by ALFRED SHEEN, M.D., is, as its name implies, very simple, light, and easily carried in the pocket or in a pocket-book.

Analytical Records.

LIQ. BELLADON. DIALYSATI.

(MESSRS. SAVORY & MOORE, NEW BOND-STREET.)

THE process of dialysis has been employed by Messrs. Savory and Moore in the preparation of some liquid extracts of vegetable drugs, which promise to be valuable additions to those in present use. That of belladonna is a clear liquid, the colour of sherry, of which each fluid ounce represents one ounce by weight of the ext. belladonnæ of the Pharmacopœia, the unstable, albuminous, and colouring matters being separated by the process of preparation. It is a good and reliable preparation.

LIQ. OPII DIALYSATI.

(MESSRS. SAVORY & MOORE.)

This is an analogous preparation of opium, which is stated to possess the same strength as liq. opii sed. (the strength relative to that of a pharmacopœial preparation should have been stated). By the dialysis, the irritant and gummy substances are excluded.

LIQ. CINCHONÆ DIALYSATI.

(MESSRS. SAVORY & MOORE.)

Superiority is claimed for this preparation on account of the exclusion of the resinous matters which cause the preparations in use to become turbid when mixed with water. The specimen examined certainly mixes with water without the least precipitation. The alkaloids are contained in it in their natural combinations with the acids of bark for which febrifugal qualities have been claimed.

THE HARROGATE WATERS.

In order to promote the more extended use of these well-known waters, some very elaborate analyses have lately been made by Professor Attfield. His reports are exceedingly interesting; and although they confirm, in the main, the analyses made years ago by West, Hofmann, and Muspratt, some new and curious facts are revealed in them. Thus the presence of strontium in notable quantities, as well as of barium, is proved in all four of the waters. Lithium has also been found, as well as traces of bromides and iodides. These modern and more delicate analyses show the probability that we do not even yet know the whole truth about mineral waters, and serve to confirm the belief of almost all physicians that the natural waters are more valuable as remedial agents than any imitations of them. It is, indeed, impossible to imitate them successfully until all their constituents are known with certainty.

FRY'S MALTED CHOCOLATE PASTE (PATENT).

(J. S. FRY & SONS, BRISTOL & LONDON.)

As far as we know this "delicious combination of superior paste chocolate with Allen and Hanburys' pure Extract of Malt," is the first attempt to combine malt extract with chocolate. It may be said to be a success, for the preparation is excellent in flavour, and of course very nutritious. One objection must, however, be pointed out. Diastase, the little-understood active agent of malt, is destroyed or rendered inoperative at the temperature of boiling water. Now the directions for use on each tin prescribe the addition of *boiling* water to the paste. The difficulty may of course be overcome by keeping the temperature, both of water and milk below 170° Fahr.

TULLOCH'S DUTCH COCOA.

(MESSRS. TULLOCH AND SON, BURY-STREET, ST. MARY-AXE, E.C.)

This is a really good cocoa, freed from a portion of the superfluous cocoa-butter, and without any admixture. Its flavour is excellent, and the beverage prepared with it is remarkably smooth, pleasant, and palatable. It is one of the best pure cocoas which we have had an opportunity of tasting.

PURE EXTRACT OF MALT.

(ALLEN & HANBURYS, PLOUGH-COURT, LOMBARD-STREET.)

An excellent malt extract. It has about the consistence and colour of treacle, and the true malt flavour.

HORLICK'S FOOD, FOR INFANTS, DYSPEPTICS, AND INVALIDS.

(NEWBERY & SONS, NEWGATE-STREET.)

A preparation of malt, flour, &c. It dissolves easily in hot water, and yields a very pleasant and digestible food. For infants, water as well as milk must be added.

New Invention.

IMPROVED ENEMA APPARATUS.

MESSRS. J. G. INGRAM & SON, of Hackney-wick, E., have produced an enema tube made in one continuous piece. It is warranted not to split, which is a great point. Moreover it is fitted with valves at the extremities of the suction and delivery tubes, so that no air can be drawn in while the enema is refilling. The inventors claim as advantages of the apparatus that it is complete as enema and syringe, without any metallic connexions or wire fastenings; and that it will resist the heat of tropical countries, will not split, nor become hard or sticky.

DUBLIN SANITARY ASSOCIATION.—At the annual meeting of this Association, recently held, the report, which was adopted, referred to the amendment of the Vaccination Act, the condition of artisans' dwellings, the sanitary state of the houses in the city, and the death-rate of Dublin. The President of the College of Physicians, in moving the adoption of the report, urged the necessity for special cabs or ambulances, for the conveyance of the sick to hospital, or from it when they were in a convalescent state. It is intended that a special subscription shall be raised among the members of the Association, to defray the extra expenses caused by the inquiry lately held by the Royal Sanitary Commission, at which evidence was produced by the Association, and which the ordinary revenue is insufficient to meet.

THE LANCET.

LONDON: SATURDAY, JANUARY 3, 1880.

THE interest attaching to the appointment of a successor to Major GRAHAM, who some months ago intimated his intention of retiring from the public service at the close of 1879, is thrown into the shade by the announcement that Dr. WILLIAM FARR has also signified to the Lords of the Treasury his desire to resign his appointment. When, nearly twelve months ago, Major GRAHAM publicly announced his intention to retire because he did "not wish to take a fourth census," Dr. FARR took the opportunity to intimate his intention to become a candidate for the appointment of Registrar-General. No one acquainted with the history of civil registration, and of the national system of vital statistics which has been based upon it, could fail to arrive at the conclusion we expressed at the time—namely, that the claims of Dr. FARR could scarcely be disregarded if fitness for the post, and the exceptional value of his past services, were duly considered.

Rumour pointed at the time to a desire, on the part of the Government, to bring the Registrar-General's Department into closer relations with the Local Government Board, a result which, however desirable it might theoretically appear, seemed to us to forebode a restricted usefulness for the General Register Office. The appointment of Sir BRYDGES HENNIKER, who has for the last few years fulfilled the duties of private secretary to the President of the Local Government Board, seems to suggest that the rumour was well founded. The first result of this appointment affords further evidence of the singular fatality which appears to have attended the ill-starred connexion between Poor-law and Public-health administration. It is but a year or two since Mr. SIMON was driven from his post as medical officer to the Local Government Board by the repressive policy adopted towards the sanitary and medical department by the central authorities of Poor-law administration. Now, Poor-law influence has secured the appointment of Registrar-General for the private secretary of the President of the Local Government Board, and Dr. FARR, finding that his hopes of succeeding Major GRAHAM are disappointed, has asked to be allowed to retire from the service on superannuation. Thus has the so-called Public Health Department succeeded in depriving the sanitary service of its two brightest ornaments, Mr. SIMON and Dr. FARR. It remains to be seen how the appointment of a Local Government official as Registrar-General will further affect the influence of the General Register Office on sanitary progress, which has hitherto been so strongly marked. Sir BRYDGES HENNIKER may possess the necessary qualifications for making an excellent Registrar-General; this remains to be seen. The loss to the public service, however, by the resignation of Dr. FARR, is beyond doubt, and cannot be too highly estimated. Major GRAHAM, in the concluding paragraph of his last Annual Report, published in May, 1879, expressed his obligations to Dr. FARR in the following words:—"Lastly, I must express to Dr. FARR, whom in 1842 I had the good fortune to find here presiding over the Statistical Branch, my grateful acknowledgments of the important services he has ever since continually rendered. He is acknowledged throughout Europe, the United States, East Indies, and the colonies, as one of the first statists of the day. To his scientific researches and reports I attribute any reputation that may have accrued to the General Register Office of England and Wales from the time he accepted office in this Department." This handsome tribute to the value of Dr. FARR'S forty years of service in the General Register Office makes it difficult to excuse the Government for ignoring Dr. FARR'S claim to fill the vacancy.

At present, however, we have chiefly to face the fact, and to regret, that the valuable official career of Dr. FARR has been suddenly brought to a close under circumstances which are painfully suggestive of a want of appreciation of their worth by the Government. Let us at least hope that this impression may be promptly and effectually removed. It is more than forty years since Dr. FARR accepted an appointment in the General Register Office under Mr. J. H. LISTER, the first Registrar-General, who, in his first Annual Report (published in 1839), announced that the task of rendering the results of civil registration available for beneficial purposes had been committed to Dr. FARR, "a gentleman of the medical profession, whose scientific knowledge and intimate acquaintance with statistical inquiries were ample pledges of his peculiar fitness." Previously to his appointment to the General Register Office Dr. FARR had acquired, in great measure through his contributions to these columns, a well-deserved reputation as an authority on vital statistics. Dr. FARR'S letters to the Registrar-General on vital and mortal statistics, in the forty annual reports issued by that official, have been important contributions to the literature of sanitary statistics. Apart from work more strictly connected with registration, Dr. FARR contributed valuable reports upon the cholera epidemics of 1849 and 1854; also the English Life Tables, Nos. 1, 2, and 3, the latter of which were formed upon a larger basis of facts than any other previously constructed Life Tables. Dr. FARR was a Census Commissioner, and took an active part in the three Census enumerations of 1851, 1861, and 1871; and he was mainly instrumental in the adoption of the system of Post-office Insurance, and has constantly advised the Government on the subject since its adoption. It would be impossible here to even enumerate the Commissions in which Dr. FARR has, during the past forty years, given valuable assistance. Whenever statistical advice was required by the Government, Dr. FARR has almost invariably been consulted, and hence his statistical labour and research have extended over an unusually wide field.

By ignoring Dr. FARR'S claim to the post of Registrar-General, the Government has incurred a serious obligation to repair, so far as may be within its power, this apparent slight upon a valuable public servant. Dr. FARR simply asks, after more than forty years' service, to be allowed to retire upon full pay. He could hardly ask less, but we can scarcely believe that the Government would be satisfied to grant so small a request. That Dr. FARR'S services to public hygiene call for some marked recognition is beyond all question, and we are unwillin

anticipate the spontaneity of any intended action in the matter by suggesting the form in which this recognition should be made. We doubt not, however, that if Government should fail to redeem its responsibility in this matter, Dr. FARR'S retirement will not be allowed to pass unnoticed by the public which has so largely benefited by his long and steady devotion to the promotion of statistical and sanitary science.

THE adjourned discussion on Animal Vaccination at the rooms of the Medical Society of London on the 18th ult. was not a happy example of the aptitude of medical men to deal publicly with matters of public interest. From the beginning the discussion (if this term may be applied to a somewhat promiscuous talk) went wide of the real subject for consideration, and was still astray when the conference terminated for the moment by a further adjournment to the 31st ult. It was unfortunate that a communication by Dr. WARLOMONT was not read to the meeting at its opening. This communication might possibly have exercised some beneficial influence in getting the discussion into the right track. Dr. WARLOMONT had penned certain observations upon Dr. STEVENS' statements made at the previous meeting, and he began by specifying the object of the conference—namely, "whether it was expedient for the English Government to introduce animal vaccination officially into that country." He added, "I purposely state the question with precision, because it appeared to me to have been ill-understood by the speakers who followed me at the meeting." This was the impression left upon Dr. WARLOMONT'S mind by the debate at the first meeting, and it would have been deepened had he been present at the second, in which questions that he properly says might have been "provisionally disregarded" were almost wholly considered, to the exclusion of the real subject which should have occupied the conference.

It devolved upon Dr. BALLARD to open the discussion, and he entered first on an examination of Dr. CAMERON'S views, as expressed in his letters to *The Times*, on the deterioration of the humanised vaccine lymph in use in England, and the suggestion he has made that the recent undue prevalence of small-pox was traceable not only to this assumed cause, but also to the large use in our vaccine establishments of the lymph renewed from CEELY and BADCOCK'S successful variolisation of cows, and which he believes to be small-pox virus pure and simple. This examination was pursued at so great a length as to fix the attention of the meeting chiefly upon it, to the almost entire neglect of the important statements which Dr. BALLARD had to make as the representative of the Local Government Board, and which formed the latter part of his discourse. We must take exception to this treatment of his subject by Dr. BALLARD, because it not only gave an importance to Dr. CAMERON'S views on the subjects referred to which was misleading, but also greatly contributed to get the discussion out of its proper track. To call upon Mr. CEELY to speak upon such of those views as concerned him was ungracious. It was certainly a gain, we admit, that this turn of the discussion should have induced Professor SIMONDS, of the Royal Veterinary College, to take part in it. This gentleman rose to protest against the notion which underlay much of Dr. CAMERON'S observations, and which had cropped out in the first meeting, that the variola of man and the vaccinia of the cow were totally different diseases. He ridiculed the idea of CEELY and BADCOCK'S experiments in the successful variolisation of cows, and consequent production of vaccinia, being disputed. He himself, in conjunction with the late Mr. MARSON, had been one of the largest unsuccessful experimenters on the variolisation of cows, but his failures had not led him to doubt CEELY and BADCOCK'S successful experiments with full knowledge of the evidence regarding them. Mr. MARSON'S skill had prevented him from perpetrating the blunders into which CHAUVEAU fell—blunders arising in great measure from ignorance of what had been done in England on the subject. Apart from experimental observation, however, he pointed out that all analogy indicated that vaccinia was the inoculated small-pox of man in the cow. Before the introduction of vaccination, and when small-pox, inoculated and natural, was general throughout the kingdom, vaccinia was a common disease in cows; since small-pox has been brought under some sort of control, and had prodigiously diminished in amount, it was the rarest of diseases in our cowsheds. It was a disease limited wholly to the cow, and that the milch cow. Can we conceive a general, naturally-acquired disease, limited in this fashion to the female animal alone? We may add to these considerations that the analogy of vaccinia in its course in the cow is to inoculated small-pox in man, not to the general disease. We can understand these phenomena on the assumption that vaccinia in the cow is always an inoculated disease, not otherwise. All our information, then, apart from the experiments which confirm it, points to the conclusion that vaccinia is a product of variolous inoculation, accidental or otherwise, in the cow. Hence, then, the pretended distinction between so-called natural vaccinia in the cow and the vaccinia produced artificially—by variolisation, in fact—has no existence.

To turn now to the essence of Dr. BALLARD'S observations on animal vaccination as it concerns this country. And, first, it would appear that the Local Government Board, or its medical department, takes issue at once with the statements of the animal vaccinators, that the success now obtained in vaccination with animal lymph is equal to that obtained with humanised lymph. Whatever truth there may be in this statement elsewhere, it does not apply, seemingly, to vaccination with humanised lymph in England. Dr. SEATON visited the animal vaccine stations at Amsterdam, the Hague, Rotterdam, and Berlin, in 1878, with the purpose of satisfying himself on this and other points. The results of Dr. SEATON'S inquiry have not been published owing to his illness, but Dr. BALLARD gives the following important data on the question here referred to, derived as to animal vaccination from Dr. SEATON'S recent inquiry. At Amsterdam complete success at all insertions was obtained in only 34 per cent. of the children vaccinated; at Rotterdam it was 54 per cent., and at Berlin 21 per cent. At the Surrey Chapel station, where fresh arm-to-arm vaccination was employed, the success was 97·8 per cent. Then as to complete failure: at the Hague it occurred in 2·2 per cent.; at Rotterdam the percentage of failures was not stated; but

at Berlin they were 7·1 per cent. At the Surrey Chapel, out of 1000 children vaccinated with humanised lymph, the complete failures were none. As to insertion-success, the calculation of what was obtained at Amsterdam was 700, or fewer vesicles out of 1000 insertions with animal lymph. At Rotterdam the number was not stated. At Berlin it was 678. But at the Surrey Chapel, with humanised lymph, it was 978.

We have still to learn how far this comparison of results will be accepted as just by the several animal vaccinators to whose work it refers; but the results, as here stated, explain in one essential matter the hesitancy of the Government in adopting animal vaccination in our ordinary system of public vaccination. As the results stand they are manifestly inconsistent with that completeness and efficiency of vaccination which the Government aims at in this country.

The second important point to which Dr. BALLARD referred, related to the question of "option"; and here he was instructed to say that the Local Government Board considered an arrangement for public vaccination in which the parents should have the option of choosing the sort of lymph which should be used for their child as quite inapplicable to the circumstances of our population. Dr. WARLOMONT, in the communication to which we have referred, has some observations on this subject, and generally on the fashion in which he would have animal vaccination made supplementary to arm-to-arm vaccination. He gives the proceedings of the State Vaccine Institute at Brussels for our example, but this does not touch the question at issue here at all. Compulsory vaccination does not exist in Belgium, and the State has no such responsible relation to the subject there as here. The whole question of vaccination is optional in Belgium, and so far as animal vaccination is concerned, its chief use is for the frequent renewal of stocks of lymph. Excepting those who live in the immediate vicinity of the station, "the poor," to use Dr. WARLOMONT'S words, "cannot have their choice" of lymphs. In fact, Dr. WARLOMONT enables us to see in the clearest light that the introduction of animal vaccination into England involves momentous questions which exist in no other country, and which clearly justifies the Government in moving most cautiously in the matter.

Dr. BALLARD tells us that the Local Government Board is doing more in the investigation of animal vaccination, with reference to the question of supplementing our existing public vaccination arrangements by its adoption in some form or other, than had previously been suspected. We may infer, however, that the efforts of the Board in that direction will be none the less active, and may even be expedited, by the discussion which has now been brought to an end. It is true that the meeting on the 31st ult. (as it proved) tended rather to weaken than to strengthen such positive results as were to be gathered from the earlier meetings. The speakers at this last meeting lost sight almost wholly of the special subject of discussion, and the number of persons present was so small that the chairman decided that no formal proposition of the results of the conference should be submitted to it. In this respect, the conference might be represented as futile; but, in reality, the manifestation of professional feeling as to the desirability of the introduction of animal vaccination, in some form, into the public arrangements of this country was too clear to be ignored. Therefore the question has probably gained some additional light from the proceedings of the conference.

IT would be pleasant to believe that when the Council of the Royal College of Surgeons declined, on December 11th, to alter the rule that restricts the Examinerships in Anatomy and Physiology to persons who are Fellows of the College, it did so rather from ignorance of the real nature and purport of the proposed innovation, than from a natural disinclination to accept any new measure. Two months ago (Nov. 8th), in criticising a proposal to rescind this rule altogether, and to throw the Examinerships open, we did not hesitate to express the opinion that it was not desirable to go beyond the Members of the Corporation for Examiners, as Mr. SIMON proposed, and by appeals to statistical evidence we endeavoured to show that it was not necessary to do so. But although statistics were wholly against Mr. SIMON'S scheme, they did suggest a compromise—viz., that the Board of Examiners should be selected from Members as well as from Fellows. By this means many well-known, and a few really eminent, teachers of Anatomy and Physiology would be made eligible for appointment as Examiners, who are at present shut out because they are not Fellows of the College. For instance, of twenty-three teachers of Anatomy at the nineteen medical schools in England thirteen, or 56·5 per cent., are Fellows, and nine, or 39·13 per cent., are Members of the College; but not one of these nine, no matter how eminent or distinguished he may be as an anatomist, is eligible for appointment to the Board of Examiners in Anatomy and Physiology. As regards the teachers of Physiology matters are still worse. Of the twenty-four teachers of Physiology, seven, or 29·16 per cent., are Fellows, and eleven, or 45·83 per cent., are Members who are similarly disqualified. In other words, 42·5 per cent. of the teachers of Anatomy and Physiology connected with the medical schools of England, though possessing a diploma of the College, are accounted unfit to examine *at the College* in the subjects in which they are recognised teachers, because they are not Fellows, and—this is the point—would probably fail to pass an examination for the Fellowship if they tried. This, at least, is the only inference that can be drawn from the arguments made use of to defeat Mr. GAY'S motion. At a meeting of the Council held on Dec. 11th, Mr. GAY moved that the members of the Board of Examiners in Anatomy and Physiology be appointed from persons who are Members or Fellows of the College, whereupon he was gravely informed that it was undesirable to appoint as an Examiner in Anatomy and Physiology a person who, being only a Member, might, while officiating as an Examiner, be tempted to seek the Fellowship by examination, and fail. This argument, if it were not a mere flimsy subterfuge, came with bad grace from a Council made up of 50 per cent. of persons who are only *honorary* Fellows, and have, consequently, never passed the examination for the Fellowship. But let that pass. It is of more importance to correct a general misapprehension respecting the nature of the proposed change. It is not intended to smooth matters for those who would be unable to pass the examina-

tion in Surgery and Surgical Pathology for the Fellowship, if they wished, but for those who do not wish to do so. An illustration will best explain our meaning. Professor HUXLEY is generally allowed to know something of anatomy and physiology, and he is a Member of the College, and there is, as far as we know, no reason for believing that he has any particular desire to present himself for examination in Surgery, Operative Surgery, and Surgical Pathology, at the Second Fellowship. Even allowing that he does covet this diploma, and assuming that he would certainly be "plucked" if he endeavoured to obtain it by examination, we can conceive that, in spite of this, he could, if he gave his mind to it, examine very creditably in Anatomy and Physiology at the Primary Membership or Fellowship. Professor HUXLEY'S is perhaps an extreme case, but it is by no means unique. The Professors of Anatomy at King's College and at University College, London, one of the lecturers at Birmingham, and both the lecturers at Leeds, at Durham, and at Sheffield, are all Members of the College who are not eligible for appointment as examiners in Anatomy at the College, because they are not also Fellows, although Dr. CURNOW, of King's College, is the present examiner in Anatomy at the University of London. So, again, with the physiologists: the assistant professor at University College, the lecturers at Guy's and St. Thomas's and Westminster, two of the lecturers at Birmingham, the lecturer at Bristol, one of the lecturers at Leeds, and both at Sheffield, as well as the prælector of Physiology at Cambridge, are all Members of the College, but ineligible for appointment as examiners in Physiology at the College. The scandal is that they are ineligible, not that they might be unsuccessful at the second Fellowship examination, if perchance they entered for it. We have a right to ask whether the holders of such distinguished offices as these are to be told that unless or until they obtain the Fellowship of the College they will be looked upon by the Council as unfit to examine in the subjects they profess and teach. There may be some insuperable objection which we have overlooked to removing the disability of Members of the College in this respect, but it should be honestly stated. The allegation that Professors CURNOW and THANE are unfit to examine in Anatomy because they might possibly fail to pass the second Fellowship examination, and that Professor HUXLEY, Dr. MICHAEL FOSTER, Dr. PYE-SMITH, Dr. JOHN HARLEY, Mr. SCHAFER, and Dr. ALLCHIN are disqualified as examiners in Physiology for the same reason, is both senseless and undignified.

FEW observations or theories in medicine which have once been regarded as unassailable, escape question in succeeding generations. Many of them also undergo a period of denial and sometimes of re-establishment. Further investigation demonstrates that the observations, if not the theories, of older workers deserved more regard than had always been accorded to them. The question of the terminations of pneumonia furnishes an illustration of this, as Professor LEYDEN has shown in an excellent lecture delivered to the Charité Medical Society, and published in the *Berlin Klin. Wochenschrift*. The old pathologists taught that pneumonia which did not resolve might end in suppuration, in gangrene, or in chronic inflammation and induration; and although in this country these methods of ending, as occasional rare events, have perhaps never been doubted, they have not escaped question at the hands of German pathologists, more than one of whom has doubted whether these terminations of acute fibrinous pneumonia ever actually occurs. The occurrence of these events is in itself extremely difficult of proof, the ground for doubt being the question whether the pneumonia thus ending was really of the acute fibrinous variety in a previously healthy lung, a point naturally not easy of demonstration.

The termination of acute pneumonia in suppuration, in abscess of the lung, was first doubted by LAENNEC, and it is certain that such ending is far less common than was at one time assumed; but it must, in LEYDEN'S opinion, be regarded as unquestionable, and he cites a well-marked instance which has been recorded in the last volume of the "Charité Annalen." A similar doubt has been expressed regarding the termination in gangrene. It is certain that a large number of the cases of inflammation of the lung which terminate in gangrene have a special type, which suggests that they differ essentially from cases of primary fibrinous pneumonia. Crucial cases are difficult to find, but LEYDEN in this paper adds another to a series previously published—a case in which the patient came under observation on the fifth day of illness and died on the twenty-third, and hepatisation in the lower lobe coexisted with diffuse gangrene in the upper. There was no trace of circumscribed or embolic process. The patient was extremely prostrated by the pneumonia, and with the diminution of the fever the heart's weakness increased still more, and it is assumed that the compression of the vessels by the exudation was greater than the feeble heart could overcome.

The question of the termination of pneumonia in chronic inflammation of the lung is of the greatest practical importance and of the greatest difficulty. We must consider, not merely its termination in induration, but in all those chronic processes which may lead to phthisis—as caseous pneumonia and desquamative pneumonia. Can phthisis result from acute pneumonia in a previously healthy lung? At first sight the answer appears simple. Many cases of phthisis appear from their history unquestionably to have commenced with acute pneumonia. But more careful examination into the history of such cases demonstrates that in the majority, the pneumonia was not of regular course, but was evidently subacute or chronic. Cases in which the pneumonia was really acute are very rare, and even here we are in doubt as to whether the lung was not previously the seat of phthisical changes. The difficulty of the proof is very great in the case of hospital patients, who come under treatment only when the disease is developed or advanced, and LEYDEN believes that the process has not yet been demonstrably proved, while one of the first authorities in Germany, BUHL, denies that it occurs.

If we consider the anatomical processes, fibrinous pneumonia appears at first far enough removed from the changes in phthisis, but in the stage of resolution the difference between the two processes is smaller, and is diminished still further if we deny that the phthisical process has any specific characters. Thus the possibility of the result must, on anatomical grounds, be conceded, and its clinical probability, as we have seen, is great, but the actual proof has

not yet been given, and is not quite furnished even by a case which LEYDEN adduces as affording almost a proof. The pneumonia came on in a man twenty-two years of age, after exposure to cold, but at an interval of fourteen days, which constitutes a weak point in the case. The inflammation ran a normal course, except for the incompleteness of resolution. The temperature became natural, but shortly afterwards the investigation of the sputum showed the existence of commencing phthisis, which the physical signs soon confirmed.

Simple retarded resolution in pneumonia is a condition of much practical importance. In some cases the physical signs remain for weeks, and even months, and then slowly disappear. LEYDEN states correctly that many such cases, coming under treatment at a later stage, are regarded as cases of phthisis, and help to swell the numbers of cases of consumption. Their distinction may be, as WALSHE long ago insisted, most difficult. LEYDEN points out as the differential signs the persistence of the crepitant râle at the end of inspiration (by no means, however, we think, always to be heard), the absence of large mucous râles, the slight degree or absence of retraction, and especially the examination of the sputum. This is scanty, greenish-yellow, and consists of fine threads and small globes, which are composed of pus-corpuscles and degenerated epithelium of the air-cells. He insists strongly on the importance of the microscopical examination of the expectoration in all such cases, and adds a series of illustrative cases, one of which is particularly instructive, since the pneumonia came on under observation, the patient being in hospital on account of enlargement of the liver, and ultimately dying of ulcerative endocarditis.

With regard to the causes of retarded resolution, LEYDEN points out that the process is influenced by age, occurring less readily in the old, but that this rule is of very limited application, since most of the cases he has recorded occurred in youthful persons. Physicians who see much of the diseases of children will probably agree with us, moreover, that the process is seen now and then in striking form quite early in life. We call to mind a case in which an acute basic pneumonia, of typical course, in a boy of five years, remained unresolved for three months, and then only cleared on removal to a higher altitude. LEYDEN insists also, with justice, on the influence of weakening of the circulation by the pyrexia, or by the other causes, and instances the tardy resorption of inflammatory exudation generally, in the pleura, pericardium, or peritoneum in those whose strength is low. A second, also important, element he believes to be an unusual density of the infiltration. Most of his cases suggested such a condition in an intense degree of dulness and slightness of râle. Similar dense infiltration is sometimes found in the young, so as to quench every sound at the height of the pneumonia. In the case which was investigated after death the view was confirmed in so far that, in many alveoli, there were very dense and firm plugs of fibrin, and it is readily conceivable that such plugs may resist disintegration much longer than those which commonly occur. An important aspect of the question is as to the anatomical changes which take place in the lungs in these cases, and which do not pass away when the retarded resolution takes place. Do such lungs recover perfectly, or are there not always changes in varying degree similar to those the origin of which has been admirably traced by Dr. WILSON FOX in his article on Chronic Pneumonia in REYNOLDS's "System of Medicine." It is hardly conceivable that a lung can remain functionless for months, with solid instead of air within the air-cells, with the circulation persisting so as to nourish the walls of the air-cells, without these undergoing perversion of nutrition such as to prevent them recovering a normal state, even though the exudation within them is cleared completely. The point must await future investigation for its settlement.

THE year opens with, what some believe, and all hope to be, brighter prospects for the Army Medical Department. The long-promised Warrant has been brought out, and, as one of the immediate results, seventy-two candidates passed the competitive examination, and will immediately proceed to Netley as "surgeons on probation." Twenty-one years have elapsed since the Warrant based on the report of Lord HERBERT's Commission was promulgated. It raised the Department from the very low condition into which it had been permitted to sink, and brought to the service an adequate supply of good and efficient officers. It was looked upon as the Magna Charta of the Department, and, if it had not been tampered with, would have continued to be so regarded. We need not here repeat the oft-told tale of the manner in which it was treated and its benefits stamped out by those in authority. Suffice it to say that from an early date after its promulgation the course of the Department was a downward one, till at last candidates could not be found in sufficient numbers to fill vacancies. After long and mature deliberation, the Warrant of 27th November last was at length brought out, and the first result has been a supply of candidates as large at least as could have been expected on the very short notice given of the first examination under its provisions. We trust that the military authorities may have learned a lesson from their past experience, and will carry out in spirit and in letter the regulations which have been made for the government of the medical service. It may not be amiss briefly to recapitulate some of the principal changes effected by the new Warrant. The system of ten years' service and subsequent dismissal with a gratuity, except in the case of 10 per cent. selected for further service, has been abolished, and the old conditions of service up to a given age restored; but the advantage of short service for those who desire it, with a gratuity on leaving, has been preserved, the option of retirement resting with the officer, and not with the authorities. An increase of pay and retirement has been granted to all ranks, and the allowance to surgeons on probation at Netley has been raised from 5*s.* to 8*s.* per diem. A new grade of Brigade-Surgeon has been established between that of Surgeon-Major and Deputy Surgeon-General, who will be an executive officer, though available for administrative charge. The relative rank of Surgeon-Major has been made that of Lieutenant-Colonel according to date of commission, instead of remaining always junior of the rank; that of Surgeon has been raised to Captain, and the rank of Lieutenant has been granted to the Probationers. While competitive examination is to continue to be the mode of admission into the department, a proportion of appointments, not exceeding

one-half, may be filled up from candidates nominated by the different recognised medical schools. The promotion to the rank of Surgeon-Major is now to be given on the completion of twelve years' service, of which three must have been abroad, but power is granted to promote a Surgeon for distinguished service without reference to seniority. When a Surgeon-Major is appointed Honorary Physician or Surgeon to Her Majesty, he is to be promoted, if duly qualified, to the rank of Deputy Surgeon-General, supernumerary to the establishment—a course similar to that followed in the case of an officer appointed A.D.C. to the QUEEN. Exchanges are to be permitted between officers; forage has been restored to the Surgeon-Major; the period of sick leave on full pay which may be granted to a medical officer has been extended from six to twelve months, and, under certain circumstances, temporary may be converted into permanent half-pay at any period between five and twenty years' service. Provision is also made for the employment of retired medical officers at certain station hospitals, with a pay of £150 a year in addition to their retirement. Medical officers doing duty with corps are to be permitted to draw staff allowances, and principal medical officers are instructed to "avoid throwing mere routine duties on the senior executive officers."

These are the principal alterations introduced by the new Warrant, and, if fairly carried out, they will do much to render the service popular once more, and to obtain a good supply of well qualified candidates. But there are certain points not included in the Warrant to which the attention of the Secretary of State may well be directed, and which were prominently brought before him by Lord CRANBROOK'S Committee. The first of these is the conferring of a fair share of honorary distinctions upon the officers of the department. This could not well be inserted in a Royal Warrant, but we shall watch anxiously to see that it is carried out in practice, and that the absurd and unjust classification of the medical officers as non-combatants is not made an excuse for excluding them from a fair participation in such rewards. Complaints were frequently made that under previous Warrants faith had not been kept by the Government, and although Lord CRANBROOK'S Committee, in their report, deemed that such had not been the case, we have always held that there was ground for the statement. We sincerely trust that this may not occur again, and we would strongly urge upon the War Office the necessity for making known to the officers of the department and to the profession from which they are recruited, any changes which it may be found necessary to make from time to time in the conditions of the service and in its regulations. The Government has once again made a fair start, and it must be careful not to sacrifice the advantage it has gained, for even the suspicion of want of good faith must make every attempt at reorganisation more difficult and less likely to be successful.

WE refer above to the result of the new Army Warrant, in the increase of candidates at the late examination; and doubtless, with time given for working, and the departmental smoothing of difficulties not cleared away by the Warrant, a more satisfactory condition of that service will be brought about.

With regard to the Navy, which is now more than ever disparaged by the improvements in the Army, we may announce that the condition of its medical officers is under consideration at the Admiralty; and we expect to see its new scheme in print before the usual call is made for candidates in February. It would, however, be well if the proposed scheme were ventilated before being confirmed, since failure has so often characterised late Orders in Council for the Navy or the Army which have been scrupulously kept from the knowledge of those whose interests have been concerned.

Early in December we gave our opinions on the causes of decay of the Naval Medical Service; we need not now therefore do more than express our hope that the points we advanced will meet with due attention in the coming Warrant.

Annotations.

"Ne quid nimis."

THE MEDICAL OFFICER OF THE LOCAL GOVERNMENT BOARD.

WE learn that Dr. Seaton has resigned his office of Medical Officer to the Local Government Board. Although there has been a not inconsiderable improvement in his state of health since we last had occasion to refer to this subject, it has become obvious that he would not be justified in attempting again to undertake the heavy duties and responsibilities attaching to the office he held. Dr. Seaton succeeded Mr. John Simon in the appointment—the chief medical appointment in the Civil Service of the Crown. At the time that he entered upon his duties it is believed that his health was far from satisfactory, and the heavy strain upon his powers involved in the exercise of his office soon began to tell upon him. It was held desirable last year that he should take a six months' sick-leave, and he returned from this period of relaxation apparently with his strength renovated. He had not long resumed his duties when the breakdown of health occurred which has rendered it necessary for him now to retire from office. Dr. Seaton has held the post of Medical Officer to the Local Government Board, or as it is frequently termed, Medical Officer to the Government, three years or thereabouts. By the retirement of himself and of Mr. Simon the Government has lost in quick succession the two men whose names are most closely associated with the formation and development, first of the Medical Department of the Privy Council, and now of the Local Government Board. Dr. Seaton's name is mainly identified with the vaccination work of the Department, which, including the work of the National Vaccine Establishment, had particularly his supervision. To him are owing the growth and perfecting of our present system of public vaccination which have made it unique among the different systems in vogue in various nations, and render it, perhaps, the best illustration of a perfectly organised plan of public health administration, as applied to a particular subject, in existence. No department of the Government could lose chiefs so conspicuously qualified for their posts as Mr. John Simon and Dr. Seaton without sensible injury; but they leave behind them in the Medical Department of the Local Government Board men not unworthy to take up the labours they have had to drop. Notably is this the case with Dr. Buchanan, the Assistant Medical Officer of the Board, first under Mr. Simon, and next under Dr. Seaton. The profession will at once revert to this gentleman as the person best fitted to succeed to the vacant office, and we learn that he has been appointed to it. His appointment will be hailed with great gratification by those members of the profession

who have been brought into communication with Dr. Buchanan in his official capacity; and no other appointment could have given equally great security to the profession at large that the traditions of the department would not suffer, or yield fuller promise of a further development of the department's scientific as well as practical utility, consistently with the ever-advancing medical knowledge of the day.

SIR STAFFORD NORTHCOTE ON THE LICENSING SYSTEM.

SIR STAFFORD NORTHCOTE, in his address to the Licensed Victuallers, on Tuesday, spoke as we should have expected him to speak. The great hope expressed in his address was that the licensed victuallers themselves might come to co-operate with the friends of temperance for the reduction of drunkenness. It must be admitted that Sir Stafford, though using all his gifts of euphemism in speaking of "mine host" and the evils of the trade as at present conducted, betrayed his personal sense of the gravity of the vice of which all must be perfectly ashamed, and of the earnestness of the public demand for its being dealt with. It must be conceded, too, that he was faithful, in a creditable degree, in warning the licensed victuallers that if they did not set their house in order, it would be bad for the country and worse for them. We gladly note such a tone of speech in a leading member of the Government. Mr. Gladstone, in his recent speeches, has shown that, in his judgment, any injury done to the vested interests of publicans, in remedial legislation, must be compensated for. With such consideration on all sides for "the trade," it will be infatuated indeed if it does not see that its only course is to come to terms with those who are bent on reducing the traffic to proportions consistent with national health and happiness. No political consideration will much longer be allowed to influence legislation on this subject. The present Government, which took the great responsibility of relaxing the legislation of 1874, has to deal with the recommendations of the Committee of the House of Lords, in the main demanding the reinforcement of that legislation; and the Sheffield election goes to show that, from a merely political point of view, the public interest is a larger one than the publican's.

THE CALCUTTA GENERAL HOSPITAL.

"IT is the desire of the Government (of India) that 'not less than they (the patients) require should reach the sick'; but under the recently fixed limit of eight (8) annas, or a shilling a day, there is irrefragable testimony to show that this intention cannot be honoured if due regard be had to the quality as well as the quantity of the food supplied. Thus in evidence the Superintendent says (Annexure D., Appendix C.):—'Q. 22. Do many contractors send in tenders? A. I advertised largely, but there is no competition. Only one was tendered. He sent in two tenders, and we took the lowest.—Q. 23. Why is this? A. They give us inferior meat. Our prices won't command good meat. We pay four (4) annas and six (6) pices for mutton, and two (2) annas and three (3) pices for beef.—Q. 24. Can you fine the contractor? A. Yes; he has been fined repeatedly, and it makes him worse.—Q. 25. Could he supply good meat at the price? A. No.—Q. 26. What is the nature of the complaints described as frivolous? A. Chiefly about short weight and bad tea. We pay eleven (11) annas a pound for tea, and it is difficult to get it good at the price."

We quote the above sentences from a letter addressed by Deputy Surgeon-General Dr. Joseph Ewart, to the Secretary to Government, Bengal, rebutting a charge, as it would appear, and protesting against a condemnation unheard, of extravagance during the period he was Superintendent of the General Hospital, Calcutta. In other words, Dr. Ewart does not appear to have conducted his administration in complete accordance with the economic principles implied in the above-given quotation, and which it would also appear it is desired by the Government of India to extend to the administration of medicines and the provision of surgical instruments. The freedom of action of the physician in the administration of medicines, and of the surgeon in the use of instruments, is to be interfered with, we gather, if the medicines and instruments chance to be costly. Moreover, it seems that the members of the medical and surgical staff of the hospital are to be held individually responsible if they transgress the strict limits of money economy laid down by the Government! With the Government the "economy" of the matter is a question of pounds, shillings, and pence only; with the doctors the "economy" is the best welfare of the patient, as manifested by efficiency of treatment and rapidity of cure. Dr. Ewart pens his hardly needed justification of this latter notion from Brighton. There is something ludicrous in his being lassoed there by Indian red-tapists casting their skein from Calcutta.

DEATH OF PROFESSOR BOLL.

FRANCIS BOLL, Professor of Comparative Physiology in the University of Rome, died on Dec. 19th. He was one of those German physiologists, like Moleschott and Schiff, who have made Italy their home since it became a united kingdom, and who, by the precision of their researches and the brilliant contributions they have made to science, have revived the taste for physiology throughout the Peninsula, and repaid the debt which Europe in general and Germany in particular owed to Italy at the Renaissance. Professor Boll, young as he was, had contributed effectively to put the healing art on that scientific basis which physiology alone can confer; and, thanks to him and Moleschott and Schiff, the younger generation of Italian physicians bid fair to rival the best of their professional brethren in France or England. His funeral, which took place on the 20th, was conspicuous for the large attendance of men of letters, of science, and politics, which it evoked. As the mournful *cortège* come to a halt in the Protestant cemetery the pall-bearers were Baron Kendell, the German ambassador; Signor Sella, president of the Accademia dei Lincei; the Commendatore Occioni, professor of Latin and rector of the Roman University; and the Commendatore Zanfi, representing the Ministry. Addresses in commendation of the moral and scientific worth of Professor Boll had previously been delivered by his colleagues, Moleschott, Blaserna, and Todaro.

LOCALISATION OF FUNCTION IN THE CEREBRUM.

M. JACCOUD, in the *Gazette Hebdomadaire*, relates two cases which he is of opinion tell against the view that there are separate centres in the cerebrum. The first case is that of a man, aged forty-two, with suppurative meningitis. The right hemisphere was very hyperæmic, but presented no adhesions of the meninges, but the pia mater of the left hemisphere was infiltrated with pus, especially in the region of the central convolutions and central sulcus. The pia mater was adherent over the two upper thirds of these convolutions. During the last two days of life, the patient suffered from convulsions of the left side of the body, but there was no hemiplegia. M. Jaccoud sees in this case an example of unilateral convulsions in consequence of a stimulating lesion of the motor region of the same side. The subject of the second observation was a woman, aged eighty-three, who survived two days after an attack of apoplexy, and during this period suffered from hemiplegia of the right side, with anæsthesia. Speech was not dis-

turbed, and death was the result of advanced phthisis pulmonalis. The left hemisphere was intact; the right presented an extensive flattened hæmorrhage between the dura mater and the pia mater, covering the upper border of the hemisphere; so that the central sulcus was about its middle. No other lesion was visible. M. Jaccoud refers the hemiplegia in this case to compression of the upper parts of the central convolutions, but mentions also its occurrence on the same side.

THE METROPOLITAN AND NATIONAL NURSING ASSOCIATION.

AT a time when we are all on the look-out for good causes to encourage and to help, we may be excused for saying a word on the above Association. In several districts of London, represented, respectively, by the Central Home and Offices, 23, Bloomsbury-square, W.C.; the Northern Home, 413, Holloway-road, N.; Paddington and Marylebone Home, 510, Edgware-road, W.; and Eastern District, 49, Philpot-street, Stepney, this Association is doing excellent work. It carries to the homes of the poor all the advantages of trained nursing; and transforms these homes, giving to the inmates new conceptions of what homes can be made, and of the simple ways in which suffering may be alleviated. The benefits are not entirely restricted to the very poor. Nurses are sent willingly, and go cheerfully, to patients who could not afford to pay the ordinary sums for a nurse all to themselves; but who are most ready to contribute, according to their means, to the funds of the institution. By its very operations it trains nurses, and tends to establish an organisation by which the nursing of the poor may be systematically and effectually carried out both in London and the country. It is one of the best of charities.

CARDIAC LESIONS IN CHRONIC INTERSTITIAL NEPHRITIS.

IN a note presented to the Société Anatomique, and published in the current number of *Le Progrès Médical*, Drs. Debove and Letullé direct attention to the constant presence of fibroid overgrowth in the papillary muscles and wall of the hypertrophied left ventricle in chronic Bright's disease. They assert that such a condition has been hitherto overlooked by writers; but it is fair to state that it has not escaped observation, although the significance they give to it has, perhaps, not hitherto been dwelt on. Indeed, it may safely be said, as a matter of common post-mortem experience, that considerable muscular hypertrophy of the ventricle is associated with patches of limited fibroid change, and this wholly apart from any chronic valvular lesion. The present writers show, however, that the sclerosis takes place at the expense of the muscular elements, which appear shrivelled and wasted in the vicinity of the change, and they go so far as to attribute the final symptoms of chronic Bright's disease to this cardiac condition. Thus they say that the first period of interstitial nephritis—the renal period—is characterised by slight albuminuria, polyuria, and slight and transitory œdema. But in the second, or "cardiac stage," palpitation and dyspnœa supervene, with oliguria, considerable albuminuria, and increasing anasarca, with dropsical effusions. Whatever truth may exist in these suggestions, they are certainly open to the criticism that no notice is taken of the increased impairment of the renal function, with the altogether strange omission of any reference to uræmic poisoning as an element in the production of some of the symptoms. The note is too brief to admit of extended or minute criticism, and we are glad to see that the authors promise to continue their investigations, and to enter more fully into the subject in a memoir shortly to be published.

LAPSE OF ANOTHER SANITARY COMBINATION.

THE North Devon Combination of Sanitary Authorities, for the purpose of having a joint medical officer of health, has come to an end. The combination consisted of the Okehampton, Torrington, Dulverton, South Molton, and Bideford authorities. Okehampton and Torrington have withdrawn from the combination, and in consequence Dr. A. Wynter Blyth, the medical officer of health of the combined health authorities, has felt himself called upon to resign his appointment as it concerns the three other authorities. The meeting of the South Molton Rural Sanitary Authority, at which Dr. Blyth's letter of resignation was received, passed unanimously the following resolution, on the motion of Earl Fortescue, seconded by Col. Dewy, "That in accepting, with regret, the resignation sent in by Dr. Blyth, the Rural Sanitary Authority consider it only due to him to thank him heartily for his valuable services, rendered all the more efficient as well as acceptable from the pains he has always taken to explain to those who were to be affected by them the reasons for his recommendations."

FORMATION OF GLYCOGEN.

J. MAYER has made a series of researches on the formation of glycogen in rabbits, and finds that section of the spinal cord between the fifth and sixth cervical vertebræ effects considerable diminution in the formation of glycogen by the liver from grape-sugar introduced into the circulation, whilst it does not lead to any increased elimination of such sugar through the kidneys. Section of the spinal cord between the last cervical and the first dorsal vertebræ, on the other hand, leads to an increased formation of glycogen by the liver. Section of the cord between the second and third dorsal vertebræ causes diminished formation of glycogen in the liver, and increases also the quantity that can be obtained from the tissues. Lastly, section of the cord between the fifth and sixth cervical vertebræ, between the last cervical and first dorsal, and between the second and third dorsal vertebræ, does not interfere with the retention in the blood of grape-sugar injected into it, and of the application of this to the metabolism of the tissues.

MR. JOHN LIDDLE'S INDEX.

MR. JOHN LIDDLE, the medical officer of health for Whitechapel, has prepared and issued an elaborate and most useful index to the series of his quarterly and annual reports, extending from October, 1856, to June, 1879, inclusive. The reports admit of arrangement into three volumes, of which the first contains the reports from 1856 to December, 1867; the second from March, 1868, to June, 1879; and the third the special reports prepared by him. These reports have reference not only to the sanitary work which has been carried out during the last twenty-three years, but they also embrace some particulars of the sanitary condition of the district before the present Board of Works was formed, refer to nuisances suppressed by the board of guardians under the preceding sanitary arrangements of the district, and give certain particulars respecting the displacement of large populations by the formation of the docks, Commercial-street, the Blackwall Railway, &c. The series of reports, indeed, relate from year to year, as they have occurred, to a succession of changes in Whitechapel, in the betterment of its sanitary condition, which have transformed the district. The Whitechapel of the present time is a very different locality from the Whitechapel of 1856. Only those who have had the opportunity of watching some of these changes can rightly apprehend the vast sanitary improvements which have been effected by the District Board under Mr. Liddle's advice. Much of this improvement has been effected, and is continued, by the remarkable organisation

established for the continuous sanitary supervision of the district. For Whitechapel is one of those areas which contain a mass of population amenable to improvement only by dint of constant observation and unremitting action on the part of the local authority. When will Mr. Liddle give us the story in summary of his work during the past twenty years, and what has been effected by it? The District Board, in its own interest, ought to call for such a narrative, for it would redound equally to the credit of the board and its medical officer.

LEADEN PASTRY.

THE familiar complaint, that bad pastry is as heavy as lead, has been justified by our neighbours in a literal sense. French pastry has always been renowned for its lightness; but among other evil consequences resulting from the present severe winter is a somewhat startling exception to this rule. The prolonged duration of frost has rendered eggs at once so scarce and expensive that the pastry-cooks have found it no easy matter to supply their customers with the delicacies they have the art of producing. Some Paris confectioners have consequently resorted to the expedient of using chromate of lead as a substitute for the coloration derived from the yelk of the egg. From the capital the knowledge of this stratagem soon spread to the provinces; and M. Personne recently submitted a sample to the Academy of Medicine which had been collected by M. Galippe senior, chemist of the Department of the Oise. The *brioche* in question contained a percentage of 0·073 milligramme of oxide of lead. As usual, the culprit disclaimed all knowledge of the toxic powers of the ingredient he had employed, and he was certainly a novice in the art of adulteration. Had he used a smaller quantity the cake would not have presented the exaggerated vivid yellow colour which awakened suspicion, and the evil now discovered might have remained unnoticed. Considering how many of our fellow-countrymen, but more especially ladies and children, avail themselves of every opportunity, when abroad, of enj[illegible]ng the exquisite delicacies French pastry-cooks know so well how to prepare, we may be said to experience a national interest in the suppression of so dangerous a fraud. Our own English pastry, though too often leaden in weight, would be preferable to the light pastry of France, if the latter contain a proportion, be it ever so small, of real lead. It is to be hoped that the publicity given to this incident will prevent its recurrence.

TYPHUS IN ST. GILES'S DISTRICT.

THE Metropolitan District Board of St. Giles's has caused a circular letter to be sent to the various metropolitan hospitals, in which it is stated that the attention of the sanitary committee of the Board has recently been called by their medical officer of health (Mr. S. R. Lovett) to a source of danger of spreading typhus fever and other infectious diseases, which a little aid on the part of hospital authorities would greatly assist in removing, and asking that aid. The guardians of the poor send every pauper case of typhus and other infectious diseases to one of the special hospitals of the Asylum Board, and at once inform the medical officer of health of the house and room occupied by the person so removed, the room being then immediately disinfected. But patients who do not belong to the pauper class may be admitted into the general hospitals without the knowledge of the medical officer of health, as happened in several instances during the recent appearance of typhus in St. Giles's district. Under these circumstances, the sanitary authority and its officers are unable to take such measures as may be found necessary to eradicate the centre of infection from which the patient may have been brought, by disinfection of the dwellings. The District Board, therefore, requests, as a great favour, that when patients suffering from typhus or other infectious diseases are admitted into a general hospital from the Board's district, the hospital authorities will give to the Board information of the fact. The request here made ought to be acted upon as a general rule in the metropolitan hospitals, with respect to infectious diseases admitted, and to the sanitary authorities of the districts from which they have come.

LOCAL TEMPERATURES.

M. PETER has made a further communication to the Académie de Médecine, on the subject of local temperatures in abdominal diseases. In ascites the temperature of the abdominal wall remains at the average normal 35·5° C., and sometimes falls below this point. In chronic peritonitis the abdominal temperature rises to at least one degree Centigrade above the normal. He described three types of chronic peritonitis: (1) that which arises by extension from a chronic "phlegmasia" of the stomach, "gastrite sclereuse"; (2) chronic tubercular peritonitis; (3) chronic cancerous peritonitis. In the first case the temperature of the abdominal wall was raised ·5° C. above, while that of the axilla was lowered ·5° below, the normal (temperature of inanition), so that the local excess amounted to 1·3° C. In the second case the local excess of temperature was from 1° C. to 1·9° C., and presented the remarkable peculiarity that, when the axillary temperature had fallen 2·5° C. (to 34·5° C.), the local was still 1° C. above the normal temperature of the wall (at 36·5° C.), thus being absolutely 2° C. above that of the axilla, and relatively 3·5° C., a proof of the existence of local thermogenetic centres. In the third case, cancerous peritonitis, the excess of abdominal temperature varied from ·5° C. to 2·0° C. above that of the axilla. In answer to a question, M. Peter stated that he used an ordinary thermometer for the observations, which, on account of its simplicity, he preferred to instruments of greater precision.

AN INTERNATIONAL PRIZE.

THE Royal Academy of Medicine of Turin has just announced that the prize of 20,000 francs (£800), instituted by the late Alessandro Riberi, has, thanks to his heir, the advocate Antonio Riberi, been rendered perpetual and quinquennial, and that the quinquennium expires on the 31st December, 1881. The subject for the next competition is "La Fisio-patologia del Sangue" (The Physio-pathology of the Blood), and the conditions imposed on the competitors are the following:—

1. The essays must be printed, or in manuscript, in the Italian, French, or Latin languages. 2. Printed essays must not have been published before 1876, and two copies of them must be sent to the Academy post free. 3. Manuscript essays must be written in intelligible characters, and will remain the property of the Academy, while the author will have the power of getting extracts copied from them at his own expense. 4. Should the Academy award the prize to an essay in manuscript, this will have to be printed and published before its author can receive the amount of the prize, and two copies in its published form will be sent to the Academy.

MUSCULAR CONTRACTILITY.

CH. RICHET distinguishes in the contraction of the large muscles of the chelæ of the crab, caused by strong induction shocks, two stages of relaxation—a stage of sudden and a stage of gradual relaxation. With moderate weighting, and with weak electric stimuli, following each other at short intervals, as from six to ten shocks in a second, the intensity of the contraction increases. He concludes from

his experiments that a muscle which has just contracted, and has been extended by a weight to its original length, is in a condition of latent contraction, and if it be now excited by a fresh stimulus, it is found to be more irritable than at first.

THE new Order in Council under the Contagious Diseases (Animals) Act, 1878, which was issued on Dec. 15th, and is substituted for the Orders previously existing in relation to the particular subjects to which this Order applies, is a document of much interest. It contains a complete code of regulations relative to the public-health measures to be used in respect to the contagious diseases of animals. This Order, which is styled "the Animals Order," is divided into six sections, with schedules attached. The first part is preliminary; the second part applies to "Diseases," and deals with cattle plague, pleuro-pneumonia, foot-and-mouth disease, sheep-pox, sheep-scab, glanders and farcy, swine-fever, &c.; the third part relates to disinfection; the fourth to transit; the fifth to foreign animals, quarantine, &c.; and the sixth to general matters affecting the Order. The Order is necessarily extensive, and occupies 58 folio pages of printed matter.

THE Lettsomian Lectures at the Medical Society of London will be delivered by Mr. W. F. Teevan, B.A., F.R.C.S., on Mondays, Jan. 5th and 19th, and Feb. 2nd, at 8.30 P.M. Subject—"The Treatment of Stricture of the Urethra, Enlarged Prostate, and Stone in the Bladder, with special reference to recent progress."

IN memory of the late Mr. Robert W. Tibbits, three hundred and fifteen guineas have been subscribed and handed over to the trustees of the Bristol Royal Infirmary, the interest of which is to be expended in a prize to the students at the infirmary, to be called the "Tibbits Memorial Prize."

AN epidemic of measles is stated to be prevalent in Hull, and a peculiarity of the disease is that it attacks adults. Ten deaths are already reported.

THE next meeting of the Obstetrical Society will be held *not on the first*, but on the second Wednesday (14th inst.) in January.

HEALTH OF LARGE ENGLISH TOWNS.

FIFTY-SECOND WEEK OF 1879.

IN thirty of the largest English towns, containing nearly a third of the entire population of England and Wales, 3862 births and 3877 deaths were registered during the week ending last Saturday. The births were no less than 1320 below, while the deaths exceeded by 507 the average [weekly numbers during 1878. The Christmas holidays were undoubtedly the cause of the small number of births, and it is more than probable that but for this cause the number of deaths would also have been higher. The deaths showed a decline of 439 from the high number returned in the previous week. The annual death-rate in the twenty towns, which had been equal to 30·6 and 30·5 per 1000 in the two preceding weeks, declined last week to 27·4. During the thirteen weeks ending on Saturday last, the death-rate in these towns averaged 24·2 per 1000, against 22·8 and 25·0 in the corresponding periods of 1877 and 1878. The lowest death-rates in the twenty towns last week were—16·8 in Brighton, 17·3 in Sunderland, 19·1 in Sheffield, and 21·0 in Portsmouth. The rates in the other towns ranged upwards to 30·7 in Leicester, 32·6 in Nottingham, 35·8 in Liverpool, and 46·3 in Plymouth.

The deaths referred to the seven principal zymotic diseases in the twenty towns, which had been 588 and 627 in the two preceding weeks, declined again last week to 574; they included 181 from whooping-cough, 160 from measles, and 153 from scarlet fever. Whooping-cough mortality showed a further increase upon that recorded in recent weeks. The proportional fatality of scarlet fever was largest last week in Newcastle-upon-Tyne, Nottingham, and Bristol; of measles, in Plymouth, Hull, Liverpool, Nottingham, and Leeds. Of the 20 deaths referred to diphtheria in the twenty towns, 11 were recorded in London and 4 in Birmingham. Small-pox caused 2 more deaths in London, but not one in any of the nineteen large provincial towns. The Metropolitan Asylum Hospitals contained 48 small-pox patients on Saturday last (of whom 5 had been admitted during the week), corresponding with the number at the end of the previous week.

After making allowance for probable delay in death registration during the Christmas holidays, it appears that the fatality of acute lung diseases declined in London last week. The registered deaths referred to diseases of the respiratory organs within the metropolis, which had increased from 190 to 799 in the eleven preceding weeks, declined to 652 last week, which, however, exceeded the corrected weekly average by 128; 447 resulted from bronchitis, and 125 from pneumonia. The registered annual death-rate from diseases of the respiratory organs and phthisis during last week was equal to 11·4 per 1000 in London, and to 13·9 per 1000 in Liverpool. It is to be regretted that the Registrar-General's weekly returns do not show the mortality from diseases of the respiratory organs in each of the twenty large towns dealt with in those returns.

Correspondence.

"Audi alteram partem."

THE LATE PROFESSOR PARKES ON TOBACCO SMOKING.

To the Editor of THE LANCET.

SIR,—About four years ago I was thinking a good deal about the use of tobacco. I of course consulted every authority I could lay my hands on. I did not omit Parkes's excellent Manual of Practical Hygiene. To my disappointment I found in it nothing upon the subject. I immediately wrote to Dr. Parkes himself, and received in reply the enclosed letter. It is a very interesting and instructive letter, and is, I certainly think, worthy of better preservation than in a heap of old papers, both on account of the subject of which it treats and of the great and good man who wrote it. I therefore send it to you for a place in the pages of THE LANCET.

I remain, Sir, yours truly,

WILLIAM PRATT.

Newtown, Montgomeryshire, December 29th, 1879.

MY DEAR DR. PRATT,—I think my state of mind as regards tobacco is very much what yours seems to be. I have honestly tried to collect evidence from *moderate* smokers, both medical men and others, and when tolerance has been established, I have never been able to make out any symptoms which implied injury. In the case of many medical men whom I have asked to study their own condition, the answer has always been the same—viz., they could see no harm or disturbance of any function. Even in some cases of enormous smokers—i. e., men who rarely were without a pipe or cigar—I could learn of no injury.

On the other hand, I have seen, like all of us, men complaining of dyspepsia, nervousness, palpitation, &c., and who were much better for leaving off smoking; in fact, in these cases there could be no doubt of an injurious effect.

In boys of fourteen or fifteen who begin to smoke, I think I have observed that tolerance is slowly attained; that appetite is less, and I presume digestion and nutrition less good, and that the complexion becomes pasty and less florid and clear. There was a striking case of this kind in the son of a medical friend, who watched his son naturally very carefully, and who told me that the effect of the tobacco (a good deal was smoked) was quite unmistakable. I persuaded the son to lessen his tobacco one-half, and his health certainly improved, but he was then a young man. That some injury, therefore, is sometimes produced, and especially on

young people, seems to me quite clear; but it is curious, in other cases, how difficult it is to find ill effects, even in the young, when the quantity is not excessive.

As to the effect on the young even, it is curious in Burmah to see children smoking in their mothers' arms; and yet when I was serving in Burmah, many years ago, I often saw a woman walking along smoking her cigar of tobacco rolled up in a plantain-leaf, and carrying on her hip her child of two or three years old, who also had his or her little cigar, which was smoked with the greatest gravity. On talking to the Burmese (who smoke constantly), they would never allow that even young children were in the least damaged. When I was in Turkey I tried to make inquiries of some of the intelligent Turkish gentlemen; one or two of them said that they thought the Turks had learnt to smoke from the Europeans, and had been growing apathetic and dull ever since. But others laughed at this, and the rural Turk, who smokes a good deal, is a fine, active, energetic fellow.

I have talked to many Germans, who all stand out manfully for tobacco.

In conclusion, I confess myself quite uncertain. I can find nothing like good evidence in books; too often a foregone conclusion, without any evidence to back it, is given.

I think we must decidedly admit injury from excess; from moderate use I can see no harm, except it may be in youth.

My opinions are, you will see, very indefinite, and I would gladly see some really good evidence collected. If at any time you can send me any facts, I shall be very grateful.

Believe me, very sincerely yours,

Bitterne, Southampton, Jan. 28, 1876. E. A. PARKES.

ON EXTRACTION OF CATARACT BY SUCTION.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Dec. 6th, p. 823, Dr. Wolfe says of suction in the extraction of soft cataract:—"Having been an opponent of the introduction of pumping instruments into the cornea for soft cataract operations, when first recommended, I am gratified to see that several surgeons of eminence, who, led by high authority, then advocated that system, have, after experiencing disasters, come to my way of thinking."

Such a condemnation by one of the leading ophthalmic surgeons of Scotland is likely to discredit the operation of suction.

As the introducer of this method into British ophthalmic surgery, I feel called upon to vindicate its claims to the confidence of the profession; and having used the method for nearly twenty years in perhaps three-fourths of my cases of soft cataract, I may fairly lay claim to an opinion of some weight against that of one who was "an opponent of the operation when first recommended," and "is gratified that several surgeons of eminence," having had disasters, "have come to" his "way of thinking."

The fact is that, like many good things, it is liable to be misused, and perhaps I am myself not altogether free from blame in not having written more fully upon its difficulties and dangers, especially when it came to my knowledge that disasters had occurred in the hands of some ophthalmic surgeons.

As a fair and impartial judgment upon the operation, I cannot do better than quote the opinion of Mr. R. B. Carter, in his work "on Diseases of the Eye," 1875, p. 362:—"If I had been writing a little more than a year ago, I should have described the method as being practically free from danger; for at that time I had never seen it followed by any result except a good recovery. But, . . . my recent experience would lead me to speak of suction with somewhat diminished confidence, but I still think it the best method of removing cataracts in the cases for which it is suited. It is not, as I once believed, almost without risk, but I still think that the risks it entails are less than those which attend upon other methods; and I am not at all satisfied that the unfavourable results in the cases above-mentioned may not have been due to causes not essentially connected with the procedure. It is difficult to clean the suction curette thoroughly, and it cannot be put into hot water without dissolving the cement which unites the silver portion of its tube to the glass. It occurred to me that the ordinary washing with cold water after use might have left some particles of organic matter in the channel, and that these accidentally introduced into other eyes at subsequent periods might have excited the inflammation described. I have since taken the precaution of soaking the curette for some hours in diluted Condy's fluid, and of then washing it well in pure water immediately before an operation, and my cases subsequent to the adoption of this precaution have done well. Mr. Teale informs me that his own experience of suction is highly favourable, but I have heard less satisfactory reports from other sources."

Let me now summarise my ideas and matured views in the following propositions:—

1. When a cataract is almost fluid it will readily flow out in the groove of the ordinary curette, and there is no need of extraction by suction.

2. When a cataract is immature or semi-solid, to attempt to withdraw it by suction is to put enormous atmospheric pressure upon the ocular structures and to risk disaster.

3. For cataracts between these extremes—and they constitute a large proportion of soft cataracts—there is no method, to my mind, more simple, more speedy, more effectual, more safe, or less liable to be followed by opacity of the capsule, than the method of suction.

4. To use a suction instrument with safety requires attention to minute details, no less than is needed for the use of the lithotrite. Lithotrity carelessly performed becomes disastrous. Performed with due care and gentleness, it is one of the most successful of the major operations of surgery.

5. The safest form of suction instrument is the one in which the action is regulated by the mouth. The "pump syringes" are more difficult to use, and do not admit of an equal delicacy in the regulation of the suction power, and, therefore, demand most exquisite manipulation in the operator.

6. The aperture in the curette ought to be oval, and level with the upper surface of the curette, so that on the completion of the flow of cataract the cornea may close the opening and act as a valve, arresting further and mischievous suction. It is this valve-like action of the cornea which is one great safeguard in the use of suction, a safeguard which is impossible in the case of the instruments made some years ago, in which the opening was enlarged by notches at the side.

7. The suction force ought to be applied with gentleness, with *short draws* of the mouth, and with no great force. If the cataract proves to be stiff, and requires great suction power, the attempt to extract by suction should be abandoned, and further proceedings should be deferred until the wound is soundly healed.

8. On no account whatever ought transparent lens to be withdrawn by suction. Firstly, because it is too firm to be safely drawn into the curette; secondly, because, owing to its transparency, it is impossible to judge whether the whole lens has been removed or not.

9. "When the lens is of firmer consistence, and the aspirator drags upon the vitreous and other delicate structures, and is sure to do mischief" (Dr. Wolfe), to use suction is surely to misuse it. It is hardly fair to condemn the use of a method because abuse of it produces disaster.

10. It is of supreme importance to preserve the posterior capsule of the lens unruptured, otherwise the vitreous humour comes forward, and is drawn into the curette instead of the lens.

In conclusion, may I venture to refer to my own experience in support of the views herein expressed?

As far as I can recollect, I have had but three cases of destructive inflammation after the use of suction. In the first case, a syphilitic boy, diffuse keratitis set in, first in the eye operated upon; afterwards in the untouched eye. The other two cases occurred about six years ago, so closely upon each other that I suspect that some such cause as suggested by Mr. Carter may be the explanation—viz., that the curette conveyed decomposing material into the eye.

On referring to the notes of my private operations for soft cataract (the record of my hospital cases not being complete enough for comparison), I find that of my last fifty-three cases of soft cataract, in forty-seven suction has been used. Of these only one has been lost by destructive inflammation. Of the forty-seven, seventeen are noted as reading No. 1 or 2 Jäger. Of the remaining thirty, many are noted as "good sight"; many were too young to have their sight tested; and

two or three, though perfect as operations, had defective retinæ. These facts, though very imperfect as statistics, show—1. That I am still as convinced of the value of suction in the treatment of soft cataract as when I first brought it out. 2. That it is possible to use suction extensively without "experiencing disasters."

I am, Sir, yours faithfully,

Leeds, December 13th, 1879. T. PRIDGIN TEALE.

TYPHOID FEVER.

To the Editor of THE LANCET.

SIR,—I beg to enclose an interesting communication, recently received, on the subject of typhoid fever. It seems to confirm, so far, the view advocated by me at the Epidemiological Society, that a fever, having all the symptoms and pathological conditions peculiar to enteric fever of this country, does exist in tropical and subtropical climates, but that it is not always due to the specific causes that are believed to give rise to it here.

If such be the case, and I have long been of opinion that it is so, is it not possible that the typhoid of Europe generally, and even sometimes of our own island, may have origin in other causes than the filth to which, in most cases, it is rightly assigned? I hope other medical men practising abroad will communicate their views or experience on this interesting subject.

I am, Sir, yours, &c.,

Dec. 24th, 1879. J. FAYRER.

To Sir J. FAYRER, M.D., &c.

Sir,—I have to-day read, with great interest, in THE LANCET, your letter of the 9th instant, with accompanying letter from Dr. Grabham, of Madeira, corroborating opinions lately published by you on the etiology of typhoid fever—which, unfortunately, I have not seen, as I have only just returned from the seat of war in Zululand,—in which you say, "Possibly other medical officers practising abroad in tropical or subtropical climates may be able to confirm the opinion, that fevers of climatic origin do occasionally present all the symptoms that characterise typhoid in this country."

Three days ago I sent a short paper on this subject to the *British Medical Journal*, written last year, before leaving for South Africa, giving the result of sixteen years' experience in this matter in New Zealand, Fiji, Western and South Australia, and New South Wales, after adding that my latest experience of the fever, as it occurred among the troops in Zululand, coincided with my previous experience as above, which is as follows:—1. That a fever occurs frequently in all those countries, having all the characteristic symptoms of typhoid fever as it occurs in this country. 2. That in no case, although every pains was taken by me, especially when I held the office of Provincial Surgeon of Westland, have I been able to trace the origin of the fever to contagion. 3. That in a few cases that disease seemed to have arisen from the fouling of the drinking water by excremental matter in a state of putrefaction. In the majority of cases the fever has broken out among Europeans first inhabiting or cultivating a virgin soil, the "new comers" being most liable to attack, apparently, as in Westland, from decaying vegetable matter, paludal emanations, or other climatic causes.

The importance of this matter, not merely from a scientific view, but to the practical physician and sanitarian, must be my excuse for thus addressing you. I may say *apropos* of this, and in conclusion, that some of the army surgeons and others in South Africa call the fever in question a "hybrid fever," between typhoid and remittent, and treat it, as remittent fever, with large doses of quinine. When I inquired the meaning of the term, or the reason for its application, I found it was not because the fever presented any remission or differed essentially from typhoid fever as it occurs in this country, but *because of the difficulty of accounting under the circumstances* for true typhoid by those who hold the views of Dr. Budd or Sir Thomas Watson, or even those of the lamented Dr. Murchison, as to its genesis or etiology.

I am, Sir, yours obediently,

J. RUTHERFORD RYLEY, F.R.C.S. Edin.,
L.R.C.P. Edin.

Edinburgh, December 13th, 1879.

TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA.

To the Editor of THE LANCET.

SIR,—As the treatment of transverse fracture of the patella is now much discussed, I beg you to insert the following notes in your much valued journal.

I have read with much interest in THE LANCET an abstract of the paper read by Mr. Royes Bell in the Medical Society of London, and the discussion that took place thereafter, as I practised the metallic suture in a case of transverse fracture of the patella as long ago as July, 1878, and published this case in the *Nederlandsch tydschrift voor Geneskunde* (Dutch periodical of medicine). As Mr. Royes Bell indicated that Mr. Rose (I believe, surgeon to the same hospital as Mr. Royes Bell) would read a more complete paper on this subject, I have sent to Mr. Royes Bell the above-named publication.

Since Mr. Rose, in his paper read 17th November in the Medical Society, has not mentioned my case, perhaps because neither Mr. Bell nor Mr. Rose understands the Dutch language, I beg you (notwithstanding your unsympathetic judgment of this line of treatment in your "Annotations" in the number of Nov. 29, and the letter of Mr. A. Pearce Gould in the same number) to insert the following very brief notes of my case.

A married woman, aged forty-four, entered the Chirurgical *Clinique* of the University of Utrecht on July 6th, 1878. On examination I found a complete transverse fracture of the right patella, that occurred the day before. The knee-joint was not much swollen, but a soft, and a little prominent, blood coagulum was distinctly felt between the two halves of the broken patella. By means of the ordinary bandages it was impossible to hold the two fragments in complete juxtaposition. Therefore, and as I had never seen in hundreds of operations that fresh-cut wounds under the most accurate antiseptic precautions of Lister were followed by suppuration, or other accidental wound complications, I thought it right to cut down to the fractured patella, to remove the blood coagulum, and to unite accurately by means of metallic suture the two halves of the broken patella. This I made accordingly on the 13th July, eight days after the accident, by a *longitudinal* incision of the length of seven or eight centimetres over the middle of the patella, and dissected the soft parts from the fibrous capsule on the front of the patella to both sides, so as to lay open to the sight the interstice between the bone fragments. Partly with the fingers, partly with a curette of Volckmann, I now removed the blood coagulum, washed the interstice between the fragments with 2½ per cent. carbolic solution, bored a little canal through the corresponding parts of the fragments of the patella, not perforating its posterior surface; introduced a soft platina wire, twisted the fragments together, and fixed the suture by torsion. The platina wire was cut short, and the cut end depressed in the fibrous tissue on the front part of the patella. The bone fragments were by this single suture brought so accurately together that more metallic sutures would have been superfluous; therefore I united the fibrous tissue on the front of the patella by two catgut sutures on both sides of the platina suture, and closed the external wound by nine aseptic silk sutures, without inserting a drainage tube. A typical Lister bandage was applied with moderate firmness around the knee-joint. Before the operation the knee was shaved, cleansed with ether and strong carbolic solution, and the operation performed under spray—in one word, with *all* Lister's antiseptic precautions.

On July 18th this first antiseptic bandage was removed to take out the silk sutures, and a new one applied, so that the suture canals might not become the *porte d'entrée* of infection. This bandage was removed on the 2nd of August, and the wound found united as beautifully as in the most perfect plastic operation. A plaster-of-Paris bandage was now applied from the middle of the leg to the middle of the thigh and renewed on August 17th, when the patient was permitted to leave the bed and to walk round the ward. With this bandage the patient was dismissed on August 23rd. Three weeks thereafter the woman returned; the bandage was removed, and the joint found perfectly cured,

only a little stiff, as in all cases of application of a plaster-of-Paris bandage around a joint. Active and passive movements of the knee were now performed, and the woman and her family instructed in the process.

Four months after the definitive dismissal, the woman returned at my request. The movements, active and passive, in the knee-joint were now made with the same force and over the same extent as in the left knee-joint. By the most careful examination I could not find a groove between the two bone fragments, but rather a little crista (superfluous bone formation), nor could I detect the platina wire. Even on pressure there was no spot of tenderness by which foreign bodies often indicate their presence in the tissues.

During the operation I found the bottom of the interstice between the two fragments of the patella closed by a membrane, that adhered to the posterior surface of the bone fragments, which membrane separated the cavity between the two fragments from the cavity of the knee-joint, and thus prevented the more or less irritating carbolic solution from penetrating the joint. The adhesion of this membrane to the posterior surface of the patella was so firm that it was not broken by the necessary manipulations during the boring of the canals. That this membrane was *not* the plica synovialis patellaris (Henle)—ligamentum marsupiale, alare s. ligamenta alaria—I supposed; and by experiments *in cadavere* (transfixing that plica by strong needles pushed through the patella in the extended knee-joint), I found that this plica does not reach as high as the middle of the patella. By this experiment I found the explanation—that part of the synovial membrane that covers the anterior surface of the femur, that forms the posterior wall of the *recessus sub quadricipe*, is, namely, very feebly connected by very loose connective tissue to the bone, so that it is moderately movable. During straight extension of the knee-joint, the posterior surface of the patella rests on that part of the synovial membrane, and can, as in our case, adhere to it by a light adhesive inflammation, and thereby separate the groove between the patella fragments from the cavity of the joint. This is of great importance, as thereby the metallic suture of the broken patella can be performed without making a perforating wound of the joint. It is therefore that I recommend waiting about eight days after the accident before performing the metallic suture of the transverse broken patella, and that it should not be done save under the most rigid antiseptic precautions.

I am, Sir, yours, &c,

DR. J. E. VAN DER MEULEN,
Lecturer on Operative Surgery at the University of Utrecht.

Dec. 16th, 1879.

BADER v. GORDON.

To the Editor of THE LANCET.

SIR,—Like Mr. Critchett, I must for a moment forget the good proverb, "*qui s'excuse s'accuse.*" Mr. Critchett was subpœnaed, and he obeyed the law and appeared. This has repeatedly happened to me, but never to give evidence against one of my own profession. Often I escaped the subpœna by stating that my medical evidence would go against those who demanded my assistance. In Mr. Gordon's medical evidence it is said that I might have wounded the crystalline lens, and caused cataract (since Mr. Gordon had cataract, this would not have signified, though the suggestion, to say the least, was an ungenerous one). This, however, falls to the ground by the fact that Mr. Gordon had it explained to him that two operations would be required for the absorption of cataract. Injury to the iris and crystalline lens is, as a rule, followed by pain and inflammation. Mr. Gordon, after the iridectomy, had not the least pain nor unfavourable symptoms. His medical advisers might have stated this fact in my favour, but did not even hint at the smooth course which the case took after the iridectomy.

Cautious answers were given to Mr. Gordon by Mr. Bowman, and Mr. Bowman distinctly stated in court that Mr. Gordon had not lost binocular vision. Mr. Gordon, however, laid much stress upon his loss of binocular vision. Surely Mr. Critchett knows that good convergence, parallel movements, perception of light and colours with both eyes, are also essentials of binocular vision. Mr. Gordon, by virtue of his cataract, had lost binocular power of reading, but not the other attributes of binocular vision; and just because he possessed the latter, the treatment of the cataract was advised.

Mr. Critchett, in his note in THE LANCET of Dec. 20th, states, "the fundus was so far examined that a detachment of the retina," &c.; a little further on, "surely the ophthalmoscopic examination could only have been made," &c.

It is most tedious to have to repeat the A B C of an ophthalmoscopic examination for displaced retina when there is a cataract—i.e., when one is prevented from seeing the fundus of the eye.

Mr. Soelberg Wells, the energetic and able oculist, years ago made known the method (a translation of Von Graefe's articles) in the reports of the Eye Infirmary, Moorfields.

To the oculist of even moderate experience is known the frequent complication of displaced retina with cataract in short-sighted persons. This is one of the drawbacks of these cases, hence the note in my case-book, "displaced retina." When I found Mr. Gordon had only perception of light and could not see to read, I was anxious to ascertain with the ophthalmoscope the degree of perception of light of the different parts of the retina, and having at a second interview with Mr. Gordon found that satisfactory, I entered the note in my case-book "normal perception of light all over;" that means in all parts of the retina (light of different intensity is, with the ophthalmoscope, thrown from different sides through the cataract into the eye, and if especially the lower parts of the retina perceive it well, the doubt as to displaced retina is removed, though the retina cannot be seen).

Surely Mr. Critchett knew all this; if not, let him own it, instead of exposing himself to the suspicion of ill-will towards a fellow oculist.

I am, Sir, yours, &c.,

C. BADER,
Ophthalmic Surgeon to Guy's Hospital.

Dec. 23rd, 1879.

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Having many personal friends amongst the medical officers of the Brigade of Guards, I beg to echo the remarks of your correspondent, "Army Surgeon," in your issue of the 20th December, respecting the unfairness which has been dealt out to them by the recent Royal Warrant, which not only practically refuses promotion to the Surgeon and reduces his pay, but also totally ignores the claims of the Surgeons-Major to be promoted to the new rank of Brigade-Surgeon, by insisting upon an amount of foreign service which it is not possible for these officers to attain whilst the present custom prevails of only sending the guards abroad during great wars.

The Regimental Surgeons-Major of the Foot Guards have from time immemorial discharged duties precisely the same as those now proposed for Brigade Surgeons, and, in addition, acted as Principal Medical Officers of their regiments.

The Surgeon-Major of the Grenadier Guards is P.M.O. of three battalions, with six medical officers serving under him; whilst those of the Coldstream and Scots Guards have similar duties, with two battalions and five medical officers each.

In addition to regimental duties, the Surgeon-Major in Brigade Waiting has to be at the call of the Major-General Commanding, to advise him upon all departmental matters connected with the Brigade of Guards, thus discharging administrative functions little short of those of a Deputy Surgeon-General, whilst his pay is only that of an ordinary Surgeon-Major in the army.

Notwithstanding all this, he is declared to be unfit for promotion to Brigade Surgeon because he has not sufficient foreign service, although he has served with his regiment in the Crimea, at Alma, Inkerman, and Sebastopol, and would have volunteered to serve in smaller wars had he been permitted to do so.

The duties of the juniors are not limited to their own regiments, and, in consequence of numerous detachments, are heavier than those of other army surgeons on home service, as they often have to travel long distances without receiving any allowance for forage or cab hire; whilst they labour under the great disadvantages respecting pay and promotion pointed out by your correspondent above alluded to.

The Guards' Surgeon is usually "a picked man," profes-

sionally speaking, and has never failed to take a high place in competitive examinations at Netley and elsewhere; whilst many have gone further, and taken the F.R.C.S.; and, if I mistake not, one has the F.R.C.P.

These are not the men who can with justice be left out in the cold, and I sincerely hope you will advocate their cause until the Secretary of State for War puts them in their right places.

I am, Sir, &c.,

December 24th, 1879. F.R.C.S.

To the Editor of THE LANCET.

SIR,—Some of your correspondents, in writing recently on the new Army Medical Warrant, seem to criticise it in a very fault-finding spirit. So much so is this the case, that, with the single exception of "Surgeon-Major," none of them say a word in favour of the Warrant, while unfavourable criticism is not restrained. It is true the adverse criticisms are neither logical nor forcible, and, in the main, are so vague and indefinite that the adjective "captious" may be linked to them. Indeed, the framers of the Warrant may, if so inclined, regard the strictures as gratifying proofs of the success that has attended their efforts on behalf of the medical service of the army, if those who seek for defects and endeavour to pick holes can find none more tangible than those they have already given public expression to. It seems to me that "Audi alteram partem" is a fair cry in this matter, and in the conviction that the great bulk of army medical officers must cordially recognise the great advantages that the Royal Warrant of Nov. 27th, 1879, has conferred upon them, I beg your permission to place some considerations before the few who remain still dissatisfied.

With hardly a single exception, all the valid grievances that have for years past been urged in the pages of THE LANCET have been removed. Pay and pensions have been very solidly increased, and bonuses have been granted for the shorter periods of service. Sick leave has been extended from six to twelve months on full pay. Exchanges are allowed. The terms of qualifying Indian service for promotion to the administrative ranks are made known. Forage is restored, and soldier servants granted.

With these concessions before us, it surely would not be doing more than rendering unto Cæsar the things that are Cæsar's, if the officers of the Army Medical Department cheerfully admitted that very much has been done for them. Such, it seems to me, would be more becoming than a carping spirit of distrust, or the bad taste of being never satisfied.

I am, Sir, yours, &c.,

Dec. 30th, 1879. VERAX.

A RARE COMPLICATION IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Perhaps the infrequency during labour of the complication mentioned below may entitle the accompanying note to a place in your columns.

On October 4th, at 4.30 A.M., I was requested by a member of this dispensary to go and see his wife, who, he said, was bleeding as fast as she could. I complied with his request, and, on my arrival, I found my patient, who was in her seventh month of pregnancy, unable to speak, and almost pulseless, and the bed and bedding completely saturated with blood. I at once made a digital examination, and found the os sufficiently dilated to admit the tip of my index finger, but not sufficiently so to allow of my making a diagnosis with any certainty. She had not complained much of pain during or in the interval of the remissions of the hæmorrhage. On the removal of my finger I found the hæmorrhage had ceased. I ordered her a mixture of gallic and sulphuric acids with opium, and gave the usual instructions as to diet and rest. On my visiting her the same afternoon I was informed that she had had a slight return of the hæmorrhage once.

By the end of the next week she was up and able to assist in her household duties.

On Oct. 21st, at 2 A.M., I was again requested to attend her under circumstances in every way similar to those just recorded. As on the last occasion, I examined her digitally, and, as before, with negative results. I ordered her the gallic acid mixture as before. On visiting her in the afternoon I found that the hæmorrhage had stopped.

In the evening, being too tired to visit her personally unless absolutely necessary, I sent the dispenser to inquire how she progressed. He returned in due time with the message that the bleeding had not recurred, but that labour was coming on, and that they would send for me when my assistance was required.

My aid not having been sought during the night, I visited her in the morning, and was informed that she had had pains all night, but that they had left her for the past four or five hours. On examining her I found the bag of membranes hanging outside the uterus and quite flaccid. These I ruptured, and made out the head high up, with the cranial bones quite loose. These conditions I took as ample evidence of the child's death. Apprehending something unusual, I went to the dispensary for my instruments and other appliances which might be required, and on my return I found that the head had come down a little.

At the end of three hours from this time the head was in the vagina, but for the next four hours no progress whatever was made. The patient being now so low that she was quite speechless and almost pulseless, I determined upon putting on the forceps, which I accordingly proceeded to do, but after applying them three times I gave them up, as they slipped off the head as off a partially distended bladder. I next introduced my whole hand and grasped the head with hope of being able to bring the whole away, but this I was perfectly powerless to effect, owing to the great resistance. Not being able to satisfy myself otherwise as to the cause, I again introduced my hand and made a careful examination, which revealed the fact that the neck of the child was firmly grasped by the uterus, and so intense was the contraction that I was not able to insinuate my finger between these parts. Concluding that I would have to perform embryotomy at once, I retired to an adjacent room to write a note to a neighbouring medical man to request his help. I had left my patient but a few minutes when the nurse requested my presence as the patient was in a fit, and, as she thought, dying. Just as I got into the room she had a rigor, and also another whilst I was removing my coat. I administered some stimulants, and proceeded to examine her, when I found that the child had been completely expelled from the uterus, and, further, that the rigors were due to the irritation produced by a corner of one of the parietal bones, which had perforated the scalp and scratched the vagina during the passage of the child.

Four hours after delivery her temperature was 99·6°; pulse not perceptible. Talked incoherently and laughed; this was, no doubt, attributable to the stimulants. Next morning the temperature was 103·4°; pulse too rapid to be counted, and a very fetid discharge was taking place from vagina. I washed the vagina out with Condy's fluid and sprinkled the room plentifully with the same, and ordered her plenty of nourishment in the shape of beef-tea &c., and a mixture containing three grains of quinine and half a drachm of sulphate of magnesia to be taken every three hours. The same night her temperature was 100·2°, and the next morning 99·2°. After this day she made a rapid recovery, and is now able to sit up.

I fear I shall be considered prolix, but I give the antecedents of the case, as I think they had a most material influence in bringing about the subsequent events.

I am, Sir, faithfully yours,

JULIUS CÆSAR, L.R.C.P. ED., &c.

Victoria Dock District Dispensary.

COMBINED SANITARY DISTRICTS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Nov. 29th, in reviewing Dr. Fox's report for the Mid-Cheshire combined sanitary districts, and comparing the sanitary condition of rural and small urban districts, you comment on the advantage of such combinations, and urge the importance of all other urban authorities within the area being compelled to join.

While fully alive to the importance and advantage of these combinations, enabling small places to have the aid and supervision of a specially trained officer occupying an independent position, I think that something may be said, on the other hand, in favour of smaller urban authorities, having their own medical officer always at hand to advise.

In your comment you say, "It is to be feared that the nine other neighbouring townships excluded from the combination would not be able to show a much cleaner bill of health."

As medical officer of health of the Altrincham Urban Sanitary Authority, I beg to demur to that conclusion. Altrincham is an urban district, pretty densely populated, having an acreage of 657, and a population at the last census of 8478. Its estimated population in 1878 would at the previous rate of increase be 9073; but the population has increased much more rapidly since the last census. In January, 1877, there were 2183 inhabited houses in the district, which, allowing 5 persons per house, the density of population found by enumeration at the previous census gives a population of 10,915. I consequently estimate the population in 1878 as being at least 11,000.

In the year 1878 there were 374 births and 198 deaths—15 from zymotic diseases, and 58 under one year of age. This gives us, taking the population at the lowest estimate of 9073, according to previous rate of increase, a death-rate of 20·25; while, if we take the higher estimate of 11,000, which is undoubtedly the correct one, the death-rate sinks to 18 per 1000. The zymotic death-rate was 1·53 according to the first estimate, and 1·36 according to the last. The deaths of children under one year of age were at the rate of 155 per 1000 births.

On referring to your article, you will find that these figures compare very favourably with the combined urban districts, and not unfavourably with the rural districts.

The medical officer, being always at hand to deal with emergencies as they arise, and having a special interest in the welfare of his district, has sometimes appeared to have advantages far outweighing even the self-evident ones of combinations. Intimately acquainted with his own district, in communication with his fellow-practitioners, and in active practice in the place, he is often able to act promptly and energetically in opposing infectious disease when the medical officer of the large combined district may be far away and inaccessible. That some combination of the two systems might be the best I do not doubt, but in the meantime I think it is evident that both have some claims for consideration. My township has a very complete infectious disease hospital, with disinfecting oven and carriage for patients. The nuisance inspector is also School-Board inspector; hence he is always about among those people who are most energetic in spreading infection, and hears early of any such sickness, can at once consult the medical officer as to the steps which should be taken, and has not to telegraph all over the district for instructions. I have no doubt that other urban districts similarly situated could put in similar pleas for consideration. At all events, I think there is some ground for praying an arrest of judgment in their behalf.

I remain, Sir, your obedient servant,

G. HAINES ATWELL,
Medical Officer of Health, Altrincham Urban Sanitary Authority.

December 22nd, 1879.

P.S.—Since writing the above I have received from the clerk the following statistics: "Number of inhabited houses, December, 1879, 2308, which, at five persons to a house, gives a population of 11,990." Hence my estimate of 11,000 for the year 1878 is evidently not excessive.

G. H. A.

POISONOUS STING; INFLAMMATION OF LYMPHATICS; BICARBONATE OF SODA.

To the Editor of THE LANCET.

SIR,—In the month of August last I was called in to a case of peculiar interest, and I now send you the particulars. A young fisherman, while netting on the coast of Donegal, took a fish there known as the "stang." This fish is like a small greenish herring, with hard scales and sharp dorsal fins, and is well known to the fishermen to give a most dangerous sting. On this occasion, the night being very dark, the fish was not observed until the young man received from it a very severe sting in the ball of the thumb. He immediately applied his lips to the wound, and sucked it. Very shortly, however, a stinging pain began to creep up his arm as far as the axilla. That night he was unable to sleep from pain, and during the next day the hand and arm continued to swell, while the patient suffered from headache, shivering fits, and constipation. Next day he came to me, and on examination I found the whole hand and arm swollen and inflamed. At the spot where he was stung there was a dark-coloured subcutaneous spot; the entire lymphatic system of the arm was much deranged, the lymphatics standing out clearly defined as red lines, while there was a very large glandular swelling under the axilla about the size of a man's clenched hand. His pulse was 98, and his temperature 100·5° F. I made an incision down to and through the dark spot, and applied a large linseed poultice to his hand, wrapping the arm up to the axilla in cotton-wool, having previously applied to the principal seats of inflammation dry bicarbonate of soda, and administered to him a dose of scammony powder and calomel. On visiting him the next day I found the pain and inflammation nearly gone and the bubo in the axilla quite reduced, while the wound discharged about half an ounce of dark matter. Under this treatment he made a very rapid recovery, and went back to his work in about a week.

I ascribe the rapid reduction of the lymphatic inflammation principally to the application of the bicarbonate of soda, though of course in conjunction with the removal of exciting cause, and the purgative administered. I was led to use the bicarbonate of soda by reading in your journal of its application by an American doctor to burns and scalds, a use I have since frequently made of it with uniform and gratifying success. Apologising for the length of this letter,

I am, Sir, your obedient servant,

CHARLES F. MURRAY, M.D., M.Ch.,
Dec., 1879. Medical Officer, Gweedore, Co. Donegal.

PARIS.

(From our own Correspondent.)

AN unusually large number of vacancies have occurred lately at the Academy of Medicine, and candidates for the honour of a seat in that august assembly are showing the greatest activity in canvassing their friends. On December 23rd, the election of a successor to the late Professor Chauffard, in the section of Medical Pathology, was closely contested by MM. Fournier and Bucquoy, whom I mentioned in a previous communication as having very equal chances of success. At the first balloting the former obtained thirty-six, and the latter thirty-five votes; but, as seventy-two members of the Academy were present, the regulations required that a second vote should be taken, and this resulted again in favour of M. Fournier, by a majority of five, through the desertion of some of M. Bucquoy's supporters. As is customary on such occasions, the friends of the unsuccessful candidate are prepared to prove that the result would have been different, had not some unfortunate circumstance occurred to influence the election. Had the weather been more genial, they are confident that the more ancient Academicians would have been able and ready to sally out in force to vote for M. Bucquoy, and to oppose the nomination of M. Fournier, who is the representative of that party in the honourable company which calls itself advanced and liberal.

At the same meeting Professor Peter replied to a communication which had been made by Dr. Guenean de Mussy, on the subject of local temperatures. It was stated by that gentleman that the merit of priority in this mode of clinical research was due to Dr. Seguin, of New York, who had called attention to its importance in a work published in 1876. Professor Peter said that he had been engaged in the study of this question since 1864. In the following year he sent in a note to the Academy of Medicine, which was publicly read by the late Professor Tardieu two years later, and reproduced in the contemporary medical press. He thought it, therefore, somewhat *piquant* that the question of priority should be raised in this same assembly. When he began his researches he wished to settle the question whether a local morbid action was accompanied by a local elevation of temperature. This he had found to be the case, and he was now engaged on a work which would some day be published as a whole, but which he offered the Academy, from time to time, "by bits, in order to render it less indigestible." Scientific truths, observed the Professor, make their way in the world only after passing through two preliminary periods.

In the first, that of doubt and negation, when a new fact is asserted, it is objected that it is improbable or untrue. In the second, that of acceptance, the exactitude of the statement is acknowledged, but people will always be found to cry out that it is not new. It really matters very little to science whether Professor Peter or Dr. Seguin first practised local thermometry, but the subject is itself of the greatest importance, and this episode may have the effect of inducing clinical teachers to work it out more thoroughly.

The extreme cold of the last few weeks has had the effect of crowding the surgical wards of the different hospitals with sufferers from frost-bite. When the injury occurs on the hands its seat is irregular, but when the feet are attacked it is almost always in the first and fifth toes, no doubt on account of the pressure on these parts. The affection begins with plantar anæsthesia, which renders walking impossible. The feet then swell, and become red. This is followed by the formation of phlyctenulæ, which leave an ulcerated surface, very slow in healing.

The *Progrès Médical*, in an article on this subject last week, remarks that frost-bite may give rise to locomotor ataxia; and an interesting case in point is related in the last number of the *Revue Mensuelle*.

M. Pasteur recently made a communication to the Academy of Sciences upon the action of extreme cold upon different kinds of bacteria. He had submitted the microscopic organisms which give rise to charbon to a temperature of 40° Centigrade, and they came out of the ordeal as prolific and as virulent as ever. Another parasite, which causes the disease known as Fowl's Cholera (*Choléra des Poules*) was found to be endowed with equal vitality.

MM. Couty and Lacerda have sent in a memoir on Curare to the same Society, in which they announce the discovery of a new variety, which acts only on unstriped muscle, and which kills by lowering the arterial tension. This curare is the extract of the bark of a Brazilian strychnos (S. Gardnerii), and is prepared by maceration and subsequent concentration. They find also that prolonged boiling of the S. triplinervia causes it to lose its ordinary curarising power on voluntary muscle, and developes in it the same properties as those of the S. Gardnerii.

Paris, December 29th, 1879.

Obituary.

DUNCAN M. MACLURE, M.B. LOND., M.R.C.P.

THE death of Dr. Maclure occurred at his residence, in Harley-street, on Friday, December 12th, after an illness of little more than a fortnight's duration. Although his premature decease interfered with his obtaining a very marked position in the scientific world, Dr. Maclure was widely known and universally liked. In the earlier years of his medical career he travelled in Spain, India, and Australia, and the opportunity which he thus enjoyed of studying "men and cities" was not, probably, without its effect in producing an ease and geniality of manner which rendered him a pleasant and always welcome companion in society. Whilst travelling he was recalled to London by the death of his father, whom he succeeded in practice in Harley-street, and shortly afterwards he was appointed Medical Registrar at the Westminster Hospital. This post he subsequently resigned to become Lecturer on Physiology at the same institution.

The appointment in which Dr. Maclure was perhaps best known was that of medical adviser to the London, Brighton, and South Coast Railway Company. A post of this kind, involving a great deal of work, sometimes of an anxious character, is besides one of considerable delicacy. To occupy with dignity and respect a position in which the interests of a great company have to be protected from exaggerated or sometimes even fictitious claims, whilst at the same time the rights of sufferers have to be treated with tenderness and justice, is not given to every man. We have never heard a word of complaint against the manner in which Dr. Maclure conducted his delicate task. On the contrary, he always appeared to hold the balance with an even hand, and to approach the investigation of a claim against the company in a thoroughly honest and impartial spirit. His kindly nature and obliging disposition endeared him to his colleagues at the Queen-square Hospital, by whom he will be sincerely regretted. He was in the fullest meaning of the phrase "a good physician," who proved himself to his patients a kind friend as well as skilful adviser, and he gained in the hearts of many a place from which no lapse of time can remove his memory.

JAMES LONG, F.R.C.S.

IN James Long, consulting surgeon to the Royal Infirmary, the profession in Liverpool have lost not only one of its ablest representatives, but a connecting link between its surgeons of the past, as represented by Henry Park, and those of to-day.

For some years Mr. Long had been failing in health, but he preferred to work up to the last, and, like many others, it may be literally said of him that he died in harness. Months ago he was advised by those who knew him best to seek that entire repose from professional work which would have freed him from incurring risks he could ill afford to run.

His death occurred somewhat unexpectedly on Saturday, the 20th ult., of a urinary affection, from which he had for some time suffered.

Mr. Long, who had just completed his seventieth anniversary, commenced his medical career over fifty years ago by an apprenticeship to Mr. Halton, one of the surgeons to the Liverpool Royal Infirmary. Of the advantage derived by him from the apprenticeship system, at that time in vogue, he used often to speak as giving him a thorough knowledge of all those practical details in medicine and surgery which so largely contributed to his own success as a practitioner. He completed his medical education at University College, where afterwards his no less distinguished brother, George Long, held the Professorship of Greek and Latin. In 1832 he was admitted a member of the Royal College of Surgeons, and in 1843 he was amongst the first recipients of the Honorary Fellowship when this distinction was established. His earlier professional appointment in Liverpool was that of house-surgeon to the Royal Infirmary. On settling in practice he was soon appointed surgeon to the dispensaries, a position he held until, in 1855, he again returned to the infirmary as one of its surgeons.

In 1867 he resigned his surgeoncy, and was appointed consulting surgeon, a position he held up to the time of his death. At the School of Medicine he took a most active part; he assisted in founding it, and during the thirty-two years he was connected with it he lectured successively on Anatomy, Physiology, and Surgery. He will be long remembered as a remarkable man. His large acquaintance in Liverpool will miss his well-known ruddy face and the half humorous half crusty way in which he greeted even those with whom he was most familiar. He was a great reader and a keen observer. Being possessed of much determination and disposed to be sanguine, it can be well understood how it was that the remark was so often made about him, "Long never gives a patient up." His brusqueness, undoubtedly, sometimes interfered with his professional success. It was almost Abernethian, both in kind and manner. Though occasionally ill-timed in such remarks, he was quite free from the suspicion of unkindness. Those who knew him best will always remember him as possessing a warm heart in a somewhat rough exterior. As a practitioner he was chiefly conspicuous for his power in diagnosis. Though not brilliant as an operator, by a judicious selection of his cases, and scrupulous care in the after-treatment, his results were above the average of success. For many years he had a very considerable general practice, in addition to being one of the leading consultees of the neighbourhood.

As a lecturer, by his anecdotes and ready power of illustration he succeeded in commanding the attention of his audience in a manner which is often denied to more finished speakers. His style was simple and colloquial, and there was an earnestness about his delivery which always impressed and was never forgotten by the numerous students who had the benefit of his instruction. In the education of the nurses of the Royal Infirmary he took a deep interest. His lectures to them have recently been published and are remarkable for their soundness as well as for their easy and engaging style.

He had a wonderful memory, and his large store of anecdotes gave him a command in illustrating or enforcing a

lesson which comparatively few persons possess. His strictly professional communications to scientific journals, though not numerous, were in keeping with their author, being essentially practical. He was the first to draw attention to the use of aconite as preventing rigors after catheterism; other contributions, such as those relating to pyæmia and injuries of the trachea, contained much valuable information as well as being highly suggestive.

Mr. Long was buried in Hedge Hill churchyard, on Wednesday the 24th ult., his funeral being numerously attended by representatives of all classes with whom, either professionally or socially, he had been brought in contact during an active professional career in Liverpool of about half a century. He leaves a widow, four sons and a daughter; his eldest son, Surgeon-Major Long, holding a distinguished position in the medical service of the British army.

JOSEPH B. SADLER, M.R.C.S., L.S.A.

MR. J. B. SADLER, for the long period of forty-five years, had been in practice as a surgeon at Winterton, near Brigg, Lincolnshire. He was much and deservedly respected by a large number of patients, friends, and pupils. His health had been declining for some time, and no cause of death can be assigned beyond that of gradually increasing anæmia and consequent weakness. Mr. Sadler was a nephew of the late Michael Thomas Sadler, M.P. for Leeds, F.R.S., &c., one of the most famous philanthropists and politicians of his day; and for his uncle's memory Mr. Sadler always entertained warm affection and deep reverence. It is by a remarkable coincidence that death has, during the past year (1879), removed from the same place another much respected member of our profession, M. Bennett, Esq.; M.R.C.S. Eng., L.S.A. Mr. Sadler and Mr. Bennett both studied at the same place, the then united schools of St. Thomas's and Guy's Hospitals; both qualified in the same year, 1832; both began practice in Winterton at the same time; both died in the same year, at about the same age; and for upwards of thirty years they were the only medical practitioners in Winterton. Mr. Sadler had succeeded to a practice which dates far back into the last century, and is succeeded by R. P. Goodworth, Esq., L.R.C.P. Edin., M.R.C.S. Eng.

E. CARR JACKSON, M.R.C.S.

WE have to record with sorrow the death of Mr. E. Carr Jackson, of Harley-street, the son of the late well-known surgeon. A large circle of friends will mourn his loss, and many will regret this early termination, at the age of twenty-six, of a career which was full of promise.

Mr. Jackson was educated at the University College School and in Germany. He entered the medical profession as apprentice to Mr. Le Gros Clark, then senior surgeon to St. Thomas's Hospital, at which institution, as well as in Paris, he carried on his medical studies. After having held the appointments of resident-assistant at the Great Northern and house-surgeon at the St. Mark's Hospitals, he began practice with the posts of Surgeon to the National Orthopædic Hospital and to the British Equitable Insurance Company. He also for some time assisted Mr. Allingham in his practice.

For some time past he had been much out of health, suffering from debility and loss of sleep and appetite, for which he had consulted Dr. Ord, his former teacher at St. Thomas's. His death, which took place at the house of his father-in-law, Dr. Robert Barnes, was preceded by an aggravation of his symptoms and an attack of intestinal hæmorrhage.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 24th:—

Heritage, Julius Harvey, Montpelier-road, Peckham.
Lowe, Howard Griffiths, Birmingham.
Mehta, Maneckjee Serabjee, M.D. Brussels, L.R.C.P. Ed., Bombay.
Strover, Herbert Charles, St. Heliers, Jersey.
Swale, Harold, Guildford.
Thornton, James Parsons, Riding-street, Southport.
Wright, Geo. Arthur, M.B. Oxon., F.R.C.S. Eng., Vange, Essex.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the December examinations the following obtained the licence in Surgery of the College:—

Robert Allman, John Richard Baker, Charles James Barry, James Henry Beattie, Robert Ettingsall Beatty, Charles Mathew Brady, Hubert Watson Brownrigg, Charles Hayden Cox, James Davison, Mathew Digan, Geo. Digby, Geo. Philip Elliott, Hubert Flanagan, John Gray, Arthur Greene, Arthur Robt. Harper, Thomas Higgins, John Anderson Irwin, L'Estrange Isdell, James Kernan, Anthony Kidd, Patrick Joseph Lenihan, John Stephen M'Ardell, John M'Callagh, John M'Loughlin, George Alex. Montgomery, Charles George Drummond Moss, John Murphy, Thomas Joseph O'Donnell, James Joseph O'Dwyer, John Pollock, William James Swanson, John Whittaker Tate, William Augustus West, Edward De Lacy Wickham, John Wilson.

DR. EVORY KENNEDY, of Clondalkin, has been appointed a Deputy Lieutenant for the County of Dublin.

THE Physico-Medical Society of the University of Moscow has added Mr. Spencer Wells to its roll of Honorary Fellows.

AT a meeting held at the Town Hall, Kidderminster, the Vicar in the chair, a motion was made by the Mayor and carried, to establish a Provident Dispensary.

VACCINATION GRANT.—Mr. J. D. Roberts, of Barnoldswick, M.R.C.S.E., has received a grant for successful vaccination for the second time.

HEALTH OF DUBLIN.—During the week ending the 20th December the deaths registered represented an annual mortality of 48·9 per 1000; the deaths exceeding the births recorded by 107. Zymotic diseases caused 58 deaths, which included 16 from measles, the highest number registered in any week in Dublin for many months.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—The Annual General Meeting of this Society for the election of officers and Council for the ensuing year, and for transacting the usual business, will be held on Wednesday, January 28th, at 4.30 P.M. The following is a list of the names of gentlemen recommended by the Council to be appointed to the offices named below:—President: *W. A. N. Cattlin, Esq. Vice-Presidents: J. A. Baker, Esq.; Samuel Cartwright, Esq.; Alfred Coleman, Esq.; John Smith, Esq., M.D., F.R.S. (Ed.); *J. A. Salter, Esq., F.R.S. Treasurer: T. Edgelow, Esq. Hon. Secretary: J. Hamilton Craigie, Esq. Council: *Edward Bartlett, Esq.; S. Hamilton Cartwright, Esq.; J. Fairbank, Esq.; F. Fox, Esq.; W. Donald Napier, Esq.; George Parkinson, Esq.; W. G. Ranger, Esq.; *Augustus Winterbottom, Esq. An asterisk is prefixed to the names of those not holding the same office the preceding year. The Fellows of the Association, and their friends, will dine together in the evening at the Langham Hotel, at seven o'clock; Samuel Cartwright, Esq., in the chair.

Medical Appointments.

ADRIEN, E. W., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, Balrothery Union, co. Dublin, at £90 per annum, and £10 per annum as Consulting Medical Officer of Health.

ANDREWS, S., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Basingstoke Union, and Medical Officer of Health for the No. 2 Subdistrict of the Basingstoke Rural Sanitary District, vice Sweeting, resigned.

ASHBY, A., M.B., F.R.C.S.E., has been reappointed Medical Officer of Health for the Grantham, Newark, and Sleaford Rural, and Newark, Sleaford, and Ruskington Urban, Sanitary Districts, at £650 for three years, ending 23rd July, 1882.

BERRY, G. A., M.B., C.M., has been appointed House-Surgeon to the Royal London Ophthalmic Hospital, vice Gunn, resigned.

BROOM, C., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Wednesfield District of the Wolverhampton Union, vice Riley, whose appointment has expired.

BRUCE, J., M.B., has been reappointed Parochial Medical Officer and Health Officer for the Parish of Holm, Orkney, vice the Rev. D. McNeill, Free Church Minister, who held the appointment for one week, and resigned.

BYRNE, Dr. W., has been appointed an Assistant-Surgeon to the Central London Ophthalmic Hospital, vice Dunnage, deceased.

COKE, W. H., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the No. 1 District of the West Ashford Union, Kent, vice Sheppard, resigned.

COLLINS, C. E., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer, East Grinstead District, Redhill Workmen's Provident Society, vice Rogers, deceased.

CRANNY, J. J., A.B., M.D., F.R.C.S.I., has been appointed Surgeon to Jervis-street Hospital, Dublin, vice Collins, resigned.

CUNYNGHAME, R. J. B., M.D., has been appointed an Ordinary Physician to the Royal Hospital for Sick Children, Edinburgh, vice Linton, whose term of office has expired.

CUTLER, P. A., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Medical Officer to the Fanning Institution, Waterford, vice Elliott, deceased.

DALL, J. C., L.R.C.S.Ed., has been appointed Resident Medical Officer to the Grantham Friendly and Trade Societies' Medical Institute.

DRAKIN, J., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Ashton-upon-Mersey District of the Altrincham Union, vice Renshaw, resigned.

ELLIOTT, C. N., M.D., C.M., has been appointed Certifying Factory Surgeon for the District of Whittlesea, Cambridgeshire.

FREER, E. L., M.R.C.S.E., has been appointed Honorary Assistant-Surgeon to the Birmingham Orthopædic and Spinal Hospital.

GADE, J. R., M.R.C.S.E. & L.S.A.L., has been appointed Resident Medical Officer to the London Dispensary, vice Gayton, deceased.

GILL, J., M.D., has been appointed a Surgeon to the Stratford-on-Avon Infirmary, vice Rice, deceased.

HODSON, F., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Hornsea, Hull.

JONES, W., L.S.A.L., has been reappointed Medical Officer and Public Vaccinator for the Llansilin District of the Oswestry Incorporation of the Poor, at £35 for one year.

LANGTON, J., F.R.C.S.E., has been appointed Consulting Surgeon to the City of London Lying-in Hospital, vice Callender, deceased.

LAWSON, J., M.B., L.R.C.S.I., has been appointed Medical Officer for the Erringden and Wadsworth District of the Todmorden Union, for one year, vice Thomas.

LEIGH, T., L.R.C.P.L., M.R.C.S.E. & L.M., has been appointed Medical Officer and Public Vaccinator for the Central District of the Parish of Brighton, vice Henderson, deceased.

LETTS, E. A., Ph.D., has been appointed Professor of Chemistry at the Queen's College, Belfast, vice Andrews, resigned.

MALVIN, M., M.R.C.S.E., has been appointed Medical Officer for the Hutton District of the Stokesley Union, Yorkshire, vice Dale, resigned.

MORRISSY, E., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Kingscourt, co. Cavan, vice O'Hagan, resigned.

PALK, H., M.D., M.R.C.S.E., L.S.A.L., has been appointed a Surgeon to the Holy Trinity Annual Benefit Society, Southampton.

PAYNE, H., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Loxley, Sheffield.

PENNY, C. H., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Wymondham District of the Melton-Mowbray Union, at £32 per annum and fees, and Medical Officer of Health for the Wymondham Sub-district of the Melton-Mowbray Rural Sanitary District, at £15 10s. per annum, vice Leacock, resigned.

REID, W., M.B., C.M., has been appointed Resident Visiting and Dispensing Medical Officer to the Jersey General Dispensary, vice Le Quesne, resigned.

RICHARDSON, R., L.R.C.P.Ed., L.F.P.S.G., has been appointed Certifying Factory Surgeon for the District of Rhayader, Radnorshire.

RUGG, G. P., M.D., L.R.C.P.L., has been appointed Medical Attendant to the British Home for Incurables, Clapham-rise, vice Farnfield, resigned.

SCOTT, G., M.D., M.R.C.S.E., has been appointed a Surgeon to the Holy Trinity Annual Benefit Society, Southampton.

SHANN, F., L.R.C.P.L., M.R.C.S.E., has been appointed Third Honorary Surgeon to the York County Hospital, vice Husband, resigned.

SIDEBOTHAM, G. W., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Hyde District of the Stockport Union, vice Beecroft, resigned.

SPURGIN, H. B., Surgeon-Major Militia Medical Department, has been appointed to the Medical Charge of the 29th Brigade Depôt at Northampton, under the provisions of Arts. 49 & 51 of the recent Army Medical Warrant.

SUTHERLAND, C. J., L.R.C.P.Ed. & L.M., has been appointed Medical Officer for the Laygate and Tyne Dock District of the South Shields Union, vice Dalziel, resigned.

WELCH, R., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Surgeon to the Holy Trinity Annual Benefit Society, Southampton.

Births, Marriages, and Deaths.

BIRTHS.

COLLINS.—On the 22nd ult., at Harcourt-street, Dublin, the wife of Edward W. Collins, M.D., of a son.

GOODENOUGH.—On the 22nd ult., at Dysart, Fifeshire, the wife of William Hensman Goodenough, L.R.C.P.Ed., of a daughter.

HAMMOND.—On the 21st ult., at Nuneaton, the wife of William Hammond, L.R.C.P.Ed., of a daughter.

LUNDY.—On the 20th November, at Thayetmo, British Burmah, the wife of Arthur C. J. R. Lundy, M.B., Surgeon, Army Medical Department, of a daughter.

MCNAB.—On the 24th ult., at Vernon-parade, Clontarf, the wife of William R. McNab, M.D., of a daughter.

POWELL.—On the 19th ult., at Henrietta-street, Cavendish-square, the wife of Richard Douglas Powell, M.D., of a son.

MARRIAGES.

COSSAR—RUSSELL.—On the 18th ult., at Regent-terrace, Edinburgh, Thomas Cossar, M.D., to Isabella, daughter of the late George E. Russell, Esq.

LACY—BROCK.—On the 16th ult., at the Parish Church, St. Peter Port, Guernsey, Alexander Gairdner Lacy, M.R.C.S.E., to Marion Emily, daughter of William Brock, Esq.

MAY—GUNDRY.—On the 30th ult., at St. Paul's, Honiton, Albert E. May, L.R.C.P.L. &c., to Mary Augusta, only daughter of the Rev. J. S. Gundry.

DEATHS.

BOULLAND.—On the 22nd ult., at his residence, 26, Woodhouse-street Leeds, Alfred B. Boulland, L.R.C.P.L., M.R.C.S.E., &c., aged 42.

DAY.—On the 23rd October, at Auckland, New Zealand, Richard Da M.D., formerly of Cork, aged 74.

EMMERSON.—On the 19th ult., at Torquay, Charles Emmerson, M.D., of Sandwich, aged 64.

JACKSON.—On the 20th ult., at Harley-street, Ernest Carr Jackson, M.R.C.S.E., aged 26.

JACKSON.—On the 21st ult., at Darlington, Thomas Hayes Jackson, F.R.C.P.Ed., aged 69.

LONG.—On the 20th ult., at Hardman-street, Liverpool, James Long, F.R.C.S.E., aged 70.

MOSS.—On the 6th ult., on board the steamer *Senegal*, James West Moss, L.R.C.P.Ed., aged 34.

NICOL.—On the 20th ult., at Church-road, Higher Tranmere, William Nicol, M.B., of Ayr, aged 22.

SADLER.—On the 28th ult., at Winterton, near Brigg, Joseph B. Sadler, M.R.C.S.E., L.S.A.L., aged 70.

SWEETING.—On the 22nd ult., at Reading, Robert Bray Sweeting, M.R.C.S.E., late of Basingstoke, aged about 47.

TASSELL.—On the 20th ult., at Dover, Robert Tassell, M.D., formerly of Canterbury, aged 54.

WALKER.—On the 20th ult., William Charles Walker, M.R.C.S.E., of Shepton Mallet, aged 66.

WOOLLETT.—On the 18th ult., at Monmouth, John Moore Woollett, M.R.C.S.E., aged 65.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

BOOKS ETC. RECEIVED.

J. E. ADLARD, London.
Transactions of the Pathological Society of London. Vol. XXX.

BAILLIÈRE, TINDALL, & COX, London.
The Pocket Gray, or Anatomist's Vade-Mecum.
Anatomography, or Graphic Anatomy. By Dr. W. Darling.

D. CAMPBELL & SON, Glasgow.
Medical Visiting Book.
Professional Account Rendered Book.

J. & A. CHURCHILL, London.
Year-book of Pharmacy for 1879.

H. KIMPTON, London.
The Pathology and Treatment of Venereal Diseases. By Dr. F. J. Bumstead and Dr. R. W. Taylor.

LETTS, SON, & Co., London.
Diaries and Visiting Lists for 1880.
Saxby's Weather Table and Almanac for 1880.

LONGMANS, GREEN, & Co., London.
Angiportus. By the Rev. A. N. Malan and C. S. Jerram.
The Last Plague of Egypt, and other Poems. By the Rev. J. B. McCaul.
The Art of Perfumery. By G. W. S. Piesse.

W. P. NIMMO, Edinburgh.
The Lay of the Bell. By Schiller. Translated by Dr. A. Wood.

H. RENSHAW, London.
A Manual of the Practice of Surgery. By Dr. W. F. Clarke.

SMITH, ELDER, & Co., London.
A Manual of Skin Diseases. By M. Morris.
Atlas of Histology. By Dr. E. Klein and E. N. Smith. Part IX.
The Treatment of Hepatic Disease. By Dr. W. Stewart.

E. STANFORD, London.
On the Influence of Colloids upon Crystalline Form and Cohesion. By Dr. W. M. Ord.

THE GOVERNMENT PRINTING OFFICE, Washington.
The Medical and Surgical History of the War of the Rebellion. Vol. I. By S. J. Woodward.

"THE HAND & HEART" PUBLISHING OFFICE, London.
Robin's Carol, and what came of it. By the Rev. C. Bullock, B.D.

J. WHITAKER, London.
An Almanack for the Year 1880.

The Royal London Ophthalmic Hospital Reports; Part III.; December. (J. & A. Churchill.)—The Contemporary Review; December. (Strahan & Co.)—Pathologie Clinique du Grand Sympathique. By Dr. A. T. de Fontarce. (Baillière et Fils, Paris.)—Traité Clinique et Pratique de la Phthisie Pulmonaire et des Maladies Tuberculeuses des Divers Organes. By Dr. H. Lebert. Etude Médico-Légale sur les Testaments Contestes pour Cause de Folie. By le Dr. Legrand du Saulle. (Delahaye, Paris.)—Observations in One Hundred Cases of Carcinoma. By Dr. T. E. Satterthwaite. (Appleton & Co., New York.)—Facts about Fevers, or Practical Rules. By Dr. D. Page. (W. Fisher, Kendal.)—The Magazine of Art; Part XXI.; January. Little Folks; Part LXI.; January. (Cassell, Petter, Galpin, & Co.)—Time; January. (The World Office.)—Fraser's Magazine; January. (Longmans, Green, & Co.)—The Sunday Magazine; January. Good Words; January. (Isbister & Co.)—Photographic Illustrations of Skin Diseases. By Dr. G. H. Fox. (E. B. Treat, New York.)—Traité Clinique des Maladies de la Moelle Epinière. By E. Leyden. (Baillière et Fils, Paris.)

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Jan. 1st, 1880.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radiation in Vacuo	Max. Temp. Shade	Min. Temp	Rain fall.	Remarks at 9.30 A.M.
Dec. 26	30·65	E.	32	32	..	33	28	..	Overcast
,, 27	30·44	S.W.	29	..	..	30	26	..	Bright
,, 28	30·18	S.W.	39	39	..	54	27	0·03	Overcast
,, 29	30·02	W.	46	44	..	52	44	..	Overcast
,, 30	29·84	S.W.	42	40	..	46	36	..	Bright
,, 31	29·77	S.W.	42	39	..	52	36	0·28	Overcast
Jan. 1	29·90	W.	54	52	..	56	44	0·22	Raining

Notes, Short Comments, and Answers to Correspondents.

THE FORCE OF THE WIND ON THE BODY.

IT is doubtful whether attention has been sufficiently directed to the part the *force* of wind plays in producing alterations of blood-pressure in localities of the surface. In rude health this may be an unimportant consideration, the skin being stimulated to a proper degree of tension, and the underlying vessels suffering no compression; but in the case of persons of low vitality this "bracing" may not occur, or almost instantly subside, and congestion of deep organs may then be mechanically produced by prolonged exposure to the force of a strong wind. Sometimes numbness and even paralysis of the nerves may result from the same cause. In the old coaching days facial paralysis was a well-recognised result of sitting with the face to the wind at an open window. In the more rapidly moving railway carriage of to-day the angle of incidence and reflection throws the current of air on the passenger sitting one seat removed from the window, or the current of air strikes the back of the carriage, and is passed round behind the necks of the passengers, as anyone may demonstrate with a lighted match. In all these instances it is the *force* as much as the temperature of the jet of air which produces the results sometimes experienced from "sitting in a draught." The question arises whether this little fact, taken in connexion with others, may not hereafter be found to throw some new light on the nature of "cold" and its morbid phenomena. Perhaps, after all, "cold-catching" is, in part at least, a process in which the blood is forcibly driven out of a particular area of the surface, while the vitality of its nerves is diminished by mechanical compression. A very small jet of air playing continually on a limited space will give some hypersensitive individuals a severe "cold."

Dr. C. F. Warneford.—Extract. cinchonæ rubr. fluid. has been recommended. See THE LANCET, July 19th, 1879.

Mr. John Hall.—We do not either prescribe or recommend practitioners.

THE MORNING TUB.

To the Editor of THE LANCET.

SIR,—Referring to "Philydor's" letter, in your issue of this date, on the mode of taking the morning tub, he does not mention how long he was in the habit of tubbing before he discovered the better way, after sponging face, neck, &c., was to sit in it. It is only what I have done for the best part of my life, now exceeding threescore years and ten, without supposing I was doing anything extraordinary. But before getting into my tub I lather myself all over with soap, so that the water clings to me, instead of running off as it will without soap, and use a bowl to pour the water down my back and over me. I recommend "Philydor" to do likewise.

Yours &c.,

Dec. 27th, 1879. G. E. A.

To the Editor of THE LANCET.

SIR,—I am seventy-two years of age, and have during my life had very little illness, and I am now in perfect health. I have for nearly fifty years, summer and winter, taken a cold plunge bath, and about a month ago the servant had to remove a thin covering of ice before I could get into the bath. The enclosed cutting from a local paper has somewhat disturbed, if not alarmed me, and I write to ask you to be kind enough to say whether a person of my age may safely take a cold bath, provided he has a good fire in the bath-room; or would you advise some hot water, and, if so, what should be the proper temperature of the water in the bath. I suppose I must consider myself *old*, although I never feel so. When asked by my friends for my recipe for apparent juvenility, I answer, "Cold bath every morning; plenty of exercise; no whisky-and-water at night; no smoking."

Yours obediently,

Bradford, Dec. 29th, 1879. JOHN DARLINGTON.

*** "Age" is less a question of years than of strength; but it would be discreet to use water which is not quite cold.—ED. L.

INCONVENIENT CONSEQUENCES OF AN OLD "SCARE."

SOME years ago there was a great outcry about the danger of moistening the adhesive lining of postage-stamps with the mouth. The like peril was afterwards alleged to attend the contact of the tongue with the gum on the flaps of envelopes. In regard to postage-stamps, the difficulty was overcome by using a saucer of water. This device is not applicable to the case of envelopes, and as a consequence these wrappers are seldom securely fastened. A very large proportion of the missives which pass through the post-office are delivered only lightly closed, because insufficiently wetted. The consequent results are not to be contemplated with satisfaction. The thick paper now employed in the manufacture of the best envelopes requires a large amount of moisture to soften the adhesive substance with which they are coated. It would be well if a practice of brushing the gum with a little camel-hair pencil dipped in water could be adopted. As it is, the remote consequence of the old "scare" seems to be that servants enjoy unusual facilities for becoming acquainted with their employers' correspondence, and, occasionally, with inconvenient results.

M.D.—We regret we cannot give our correspondent the information he desires.

STETHOSCOPES.

To the Editor of THE LANCET.

SIR,—Having read Dr. Veale's letter on Stethoscopes, permit me to say that I, for one, quite agree with his remarks as to the qualities of a "perfect stethoscope," but would suggest one additional merit it should have, and that is a double ear-piece.

To my mind, both ears should be employed during auscultation, instead of only one. In the houses of the poor it is sometimes found to be almost impracticable to gain any information with an ordinary wooden stethoscope, on account of the various noises incident to a room where perhaps a family of children are living, and which most medical men must have experienced.

An objection, if I may offer it, I find to the particular stethoscope Dr. Veale advocates is, its having two *screws*, the threads of which will be constantly getting out of order. The one I am in the habit of using, and which I like better than any other, is a double flexible stethoscope. It consists simply of two india-rubber tubings, eighteen inches in length, having for ear-pieces two small ebony cylinders, an inch and a half long, fitted into the ends of the tubing; the ends of the cylinders are bevelled off to fit into the meatus of each ear, where they can be comfortably retained. The distal ends of the tubings have each a similar attachment of ebony, the ends of which are made to fit tightly (*without a screw*) into two holes made to receive them in a chest-piece, also of ebony. The chest-piece is similar in shape to about an inch cut off the chest-end of an ordinary stethoscope, having, instead of a central hole on its upper part, two holes. Its diameter is an inch and three-eighths. This chest-piece I find useful for ordinary purposes, but would prefer one with a diameter of one inch only for use with thin or emaciated subjects and for heart examinations. I would, therefore, suggest the use of two chest-pieces.

The advantages of this form of stethoscope are: 1st. Both ears are employed, all external noises being excluded, the sounds thereby being intensified. 2nd. Its flexibility. The chest-piece can be moved from part to part with the finger and thumb, without disturbing the patient or removing the ear-pieces; thus also dispensing with the inconvenience of the stooping in, sometimes, a most uncomfortable position for the medical attendant (especially where only one side of the bed is accessible). With children this flexibility is especially useful; in fact, I have used it frequently where it would have been out of the question to auscultate with an ordinary stethoscope satisfactorily on account of the restless movements of the child. 3rd. It has no screws to get out of order. 4th. The pressure on application is less. This is one of the charms of this instrument in children and delicate people. 5th. The medical man is better able to see exactly where he is applying his chest-piece. 6th. Its adaptability to the pocket. I usually tie the tubing once, and it fits into the pocket easily, taking no harm if it happens to be sat upon.

I am, Sir, yours truly,

Rotherham, Dec. 1879. WM. W. HARDWICKE, L.R.C.P., &c.

SEA-SICKNESS.

M.D. would refer "Nitrite" to the Medical Digest, sections 861 and 862, where he will find references to a host of papers on the subject he mentions. We have, happily, been preserved hitherto from a text-book on Sea-sickness.

Tyro.—We are not acquainted with any specific work on the subject.

The instrument may be obtained through any London firm.

Dr. R. Maclaren's paper will appear in an early number.

THE WEST COAST OF AFRICA.

To the Editor of THE LANCET.

SIR,—Perhaps among your numerous readers there may be some who have had some experience of the West Coast of Africa. If so, by giving some useful hints and information respecting what to eat, drink, and avoid, so as to escape as far as possible the effects of fever so common there, they would, by communicating the same through the medium of your journal, greatly oblige one about to emigrate to,

Dec. 1879. AFRICA.

WARMTH AND ENERGY.

IN ancient times, energy of mind and strength of body were supposed to be the effects of warmth, while depression of spirits and bodily weakness were ascribed to cold. Modern science has explained and modified these theories concerning the production of physical and psychical force, but in the main it has confirmed the principle of causation. In a general sense, it may be said that animal heat, when duly generated within normal limits, is the concomitant of vigour. Practically, therefore, warmth is to be sought and cold avoided; but with this qualification, that the heat must be elicited by organic processes going on within the body, and not borrowed from without. The chief, if not the only use of wraps and "warm" surroundings is to avoid the loss of animal heat by abstraction. It is neither scientific nor hygienic, in any true sense, to trust to external sources of supply for the warmth we require to live well, happily, and usefully. The food is more than the raiment, and those who desire to help the poor and melancholy over their "dead points" in the course of life should be chiefly anxious to feed them well and sufficiently. So in the management of self—to live well is to feed appropriately. Stimulants do not give strength, because they cannot add to the normal and healthy sources of animal heat. Nutriment is the only true fuel. This fact cannot be too often or too strongly urged on public attention.

Mr. W. Spencer Watson.—The subject has not escaped our attention, and we shall hope to notice it soon.

Mr. Cole will find an advertisement in our number for Nov. 22nd with reference to the supply calf lymph.

FOUR CONSECUTIVE BREECH CASES.

To the Editor of THE LANCET.

SIR,—Having had lately in my midwifery practice four breech cases almost consecutively within six weeks, I thought perhaps a few notes of these cases would be interesting, as it is far from common to meet with as many such cases within so short a time.

CASE 1.—Sept. 15th. Mrs. R——, aged thirty-five, has had several children. Footling presentation; rapid and easy labour; no interference whatever; arms and head born without difficulty. Child mature, large, and living.

CASE 2.—Oct. 6th. Mrs. H——, aged thirty-eight years, and a primipara. Breech presentation; tedious labour, lasting forty-eight hours; breech born in anterior position; birth of body and arms easy, but head was delayed for fifteen minutes; no instrumental interference. Child mature, large, but dead.

CASE 3.—Oct. 24th. Mrs. S——, aged twenty-six, has had several children. Breech presentation; labour short and easy; breech born in anterior position; no interference; arms and head followed body directly. Child premature (eight months), small, and only lived for half an hour.

CASE 4.—Oct. 27th. Mrs. B——, aged twenty-five years, has had four children. Breech presentation; labour lasted sixteen hours; breech born in anterior position; body followed slowly, and there was some difficulty with the arms; head refused to come, in spite of strong pains and abdominal pressure; it descended very slowly through the pelvis, and finally was drawn over the perineum by powerful traction made at the mouth and sinciput by Mr. Coalbank, whom I had called in consultation. The child was hydrocephalic, the circumference of the head being sixteen and a half inches, with well-marked spina bifida, the spinal canal being open throughout the dorsal and lumbar regions, but the body and limbs were full-sized and well developed. The child was born dead. The mother during her pregnancy had been much shocked at a circus by the fantastic shapes into which a young boy conjuror twisted and bent himself in the performance. She thought that he could have "no bone in his body." Is it not possible that this incident, in its effects upon the pregnant mother, might have influenced the development of the osseous system of her offspring?

Yours respectfully,

Teddington, Dec. 1879. N. SCOTT WHITNEY, M.B.

REMOVAL OF LOOSE CARTILAGES FROM THE KNEE.

To the Editor of THE LANCET.

SIR,—In one of your recent issues I saw an account of two operations for the removal of loose cartilages from the knee. As a former student of Edinburgh, where Professor Annandale was then assistant-surgeon, I was interested in the description, more particularly as it has recently fallen to me to remove a cartilage as large as, and very similar to, those illustrated in your issue. Owing to the difficulty of obtaining gauze, it is impossible to carry out the Edinburgh antiseptic plan; but I followed what I believe is a German method—viz., salicylic spray (1 in 300), and dressing with salicylic wool. The case was in every way a success, there being no subsequent pyrexia, although, owing to some difficulty in separating adherent bands and a paucity of instruments, the joint was a good deal interfered with during the operation. From what I have seen in subsequent operations on joints, I venture to recommend the salicylic antiseptic treatment as a cheap and handy substitute for carbolics, particularly for practitioners in remote localities.—Yours &c.,

W. PEEL NESBITT, M.B., M.R.C.P.E.,
Senior Honorary Medical Officer, Burra Burra Hospital.

Burra, South Australia, Oct. 5th, 1879.

THE SANITARY STATE OF MEMPHIS, TENNESSEE.

A COMMITTEE appointed by the United States National Board of Health to make a sanitary survey, including a house-to-house inspection, of Memphis, Tennessee, which suffered so much from yellow fever during the recent outbreak in the States, has made a preliminary report. The Committee consists of Dr. J. S. Billings, Mr. H. A. Johnson, and Mr. R. W. Mitchell. The inquiries of the Committee have disclosed a most deplorable state of things sanitarily in the city, and they have thought it desirable, before completing their investigation, to prepare a series of provisional recommendations for the consideration of the local authorities. These recommendations seem to show that even the rudimentary requirements of municipal sanitary administration have to be put in force in Memphis.

Mr. W. H. Henderson.—We cannot undertake to move in the matter.

THE MEMBERSHIP AND FELLOWSHIP OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The fact that Mr. Gay's proposal at the Council of the College of Surgeons was rejected, "that examinerships should be open to members and fellows alike," will lead many members to consider what advantages they have derived from joining so learned and ancient a Corporation.

Nearly twenty-seven years ago I was admitted a member of the College, and I recollect being told by the President that I had acquired a great dignity; that the diploma conferred upon all members the position of gentlemen, and, further, that it absolved me from such onerous duties as serving upon juries &c. I was then compelled to sign a declaration, amongst other things, that I would do all in my power to uphold the dignity of the College by strict probity, and the careful abstention from all acts unworthy of a gentleman. Now, as far as in me lies, I believe that I have honestly acted up to my pledges. But what has the College done for me (and when I speak of myself I speak of the members generally)? There is not a single portal open to me through which my voice can be heard in the management of the institution, although the members are numerically so much stronger than the fellows. There is not a lectureship or professorship, or even the position of examiner upon any subject, that I am considered eligible for, although I might possess profundity of knowledge and peculiar aptness for the duties; all this because I am only a member! Whence arises the talismanic influence of the term "fellow"? The title itself can confer no wisdom, and yet I find that no less a number than twelve of the most influential members of the Council never proceeded beyond the examination for membership, and they are fellows only so far as an honorary title can make them so. Nevertheless, they have not been considered ineligible (although precisely on an equality with myself as far as examination goes) for the highest positions the College could present, and several of these twelve gentlemen have acted most worthily as Presidents of the College. So much, then, for the fellowship *per se* being necessary to enable a man to fill high and important offices in the College!

Having for twenty-seven years been thus rendered, as it were, an alien to the College in its corporate capacity, again I ask, what has the College done for me? The reply would be, "We, the Council, have sold you the right to practise surgery." True. But how have they protected me in the rights they have conferred upon me? Have they prosecuted or condemned those who have usurped the title? Have they struck off the roll the names of those who have disgraced the title?

I am well known, Sir, as a thorough-going Conservative; but I am an Englishman first and a Conservative afterwards. I would never give my vote to conserve that which I believe to be unjust.

The time will come—it must come, Sir,—when the voice of the members will be heard in the Councils of the College, and when the examinerships and other offices will be free alike to all.

I am, Sir, yours &c.,

H. COOPER ROSE, M.D., M.R.C.S., &c.,
Hampstead, Dec. 1879. A Subscriber of Thirty Years.

N. D.—The fee is a personal question, and can only be determined by the operator. It is proposed to admit paying patients into St. Thomas's Hospital; but we do not know whether the scheme is yet in force.

Dr. A. Patterson.—If possible, in our next issue.

MR. MOORE'S CASE OF "HYDROPHOBIA."

To the Editor of THE LANCET.

SIR,—In your issue of the 13th instant there is a report of a case of "Hydrophobia or Rabies, Recovery," by Mr. Thomas Moore. This case is very interesting, and its successful termination most satisfactory; but I am greatly disposed to disagree with Mr. Moore in his diagnosis, from the fact that the dog lived for eight months after having bitten the patient without showing any symptoms of rabies, and that at the end of this period of time he was killed merely to appease the patient's *dread of the disease*. The disease in dogs is much more rapid in its course, and generally terminates fatally in eight or nine days. If, therefore, the dog was not rabid at the time when the patient received the bite, true hydrophobia was not the disease from which he suffered and recovered, but, in my opinion, simply "nervous hydrophobia."

Yours faithfully,

Cork, Dec. 18th, 1879. S. O'SULLIVAN, M.D., &c.

Dr. Williams.—The following, in the language of H.M. College of Arms, is the description of those at the head of the diploma of Fellowship: "Quarterly a Cross of St. George thereon, an Imperial Crown between two Anchors erect in pale, and two Portcullises in fess; in the first and fourth quarters, a Serpent nowed; in the second and third, a Lion coachant guardant," with a "Chief thereon a Lion of England," and "on a wreath an Eagle reguardant, an Imperial Crown on the head, and a Mace in the dexter claw," with the motto, "Quæ prosunt omnibus artes." On the dexter side "the figure of Machaon, holding in the exterior hand a broken arrow, and on the sinister the figure of Podalirius, in his exterior hand a staff entwined by a Serpent." An amusing tale is told in connexion with the Mace. The late Sir Everard Home, an especial favourite of George IV., when President of the College, requested his Majesty's permission to grant the College a Mace. "Oh," said the King, "take a Mace by all means," whereupon the order was given to the Court jewellers, Messrs. Rundle and Bridge, to supply one; and some time after, when the "little bill" (£200) was sent in to the King, he plainly expressed his surprise to Sir Everard, saying they were at liberty to have a Mace, but not to call on him to pay *for* it. It is believed it was one of the bad debts of the King which the nation was subsequently called upon to liquidate.

Dr. Wm. Curran's paper will be published in an early number.

ARMY MEDICAL OFFICERS AND THE COURT.

To the Editor of THE LANCET.

SIR,—Although at the risk of passing the confines of that region over which "angels fear to tread," I feel constrained, having no personal interest in the matter, to venture to give expression to what I know to be a very general feeling among medical officers in the army on an extremely delicate subject. We all agree most thoroughly with the observation made in your issue of Dec. 13th on the subject of the recent investiture of two army medical officers with the Order of the Bath by Her Majesty at Windsor, that the value of the distinction is enhanced by its personal reception at the hands of the Sovereign; but at the same time we feel that, while the two medical officers referred to were personally invested along with a number of their combatant brethren, there was a difference in the subsequent proceedings which must have struck the most unobservant, and which is so obvious that it can only be considered to have been intentional, as indeed under all similar conditions it has been habitual. I mean that while a fairly representative proportion of the other officers were invited to dine at the Royal table, neither of the medical officers was so distinguished. My readings of the *Court Circular* are very cursory and occasional; but looking back over an experience of five-and-twenty years' service I cannot recall a single instance to my own knowledge, or that of any medical officer of whom I have inquired, of any member of the Army Medical Department, from the Director-General downwards, having ever been honoured with a command to dine at the Royal table. So long as such invidious distinctions are made, Royal Warrant may be heaped on Royal Warrant, and army medical officers may be adorned with brass hats and extra tinsel and glitter, but all will fail to remove the lingering sense of social inferiority.

Yours truly,

Dec. 17th, 1879. HONI SOIT QUI MAL Y PENSE.

Mr. David Edgar Flinn.—We concur in many of the views of our correspondent; but if the gentleman referred to is qualified, and ready to do the duties of the office, we doubt whether it would be of any use to protest.

Alphonso.—Our correspondent is really the best judge in such a question. Ten guineas would be a reasonable fee.

OXIDE OF ZINC IN CHRONIC ECZEMA.

To the Editor of THE LANCET.

SIR,—At this season of the year, when eczema seems to take the opportunity of worrying the life out of its victims, I beg to send you my experience of a simple palliative remedy, which has acted magically in more than one inveterate case, and which I consider a great boon for relieving that most unmanageable disease. The case in which I discovered it was a fat, healthy woman up to the time she was attacked with the acute form, and which left her body and extremities heir to the chronic disease in the most aggravated form. Everything I tried, both internally and externally, that I ever read or heard of, even oxide of zinc in other shapes besides the one that happened to relieve. In this case I ordered two or three different applications each day to different parts, with the hope of finding something to mitigate the burning pain. One happened to be the oxide of zinc, four drachms, rubbed up with eight ounces of water, adding one drachm of hydrocyanic acid (Scheele's); the other two the woman said aggravated the pain, when this gave instant relief, and, in fact, her pain of weeks was suddenly, as she said, cured.

I have tried the same lotion, and without the hydrocyanic acid, in many cases since with the most wonderful relief, and which can be improved on by bandaging oiled-silk over lint soaked in it on the legs and arms.

Thinking this well worthy the notice of some of our professional brethren who may sometimes find themselves puzzled to relieve that desperate of all skin diseases, I remain, Sir, yours, &c.,

Chelsea, Dec. 1879. H. FISHER, M.D.

Dr. Radcliffe Crocker writes to correct an error in our List of Contributors for 1880, in which he is described as "Assistant Medical Officer to the Skin Department of University College Hospital." Dr. Crocker was, it will be remembered, on the death of Dr. Tilbury Fox, appointed Physician to the department named.

Constant Reader, (Southsea.)—The best work is "Anatomy for Artists," by Professor John Marshall, F.R.S., and published by Messrs. Smith, Elder, and Co., Waterloo-place.

THE CANAL BOATS ACT, 1877.

To the Editor of THE LANCET.

SIR,—Many philanthropists will now think of that numerous class of their fellow-creatures who dwell in canal boats, and may perhaps think that, thanks to the legislation of 1877, a great improvement has been effected in these poor folks' way of life. I wish it were so, but facts are otherwise. As the Act is virtually a dead letter, allow me to point out how it works, or rather does not work.

1. No authority has power to detain any boat committing a breach of the Act, unless for the purpose of visiting and disinfecting it when necessary; consequently in other circumstances, if a boat is not registered, is in an insanitary condition, or without proper separation of sexes, before a summons can be served on the offending person, he is away out of ken and jurisdiction of magistrates or other district "powers that be."

2. I, as an official duly appointed to carry out the Canal Boats Act, have this year supervised 492 of these vessels. I have only managed to register two of them! Certainly the boats of some firms were registered; but in many instances there was palpable evasion of the Act, and I could do nothing to prevent this.

Nor shall I or any of my compeers succeed in carrying out the wishes of its promoters until our hands are strengthened. The reluctance of parents to place their children in any school board list entirely prevents voluntary registration when children are of school age.

Yours obediently,

BENJ. BROWNING, M.D., R.N., &c.,
Medical Officer of Health to the Vestry of
Dec. 1879. Rotherhithe.

"SISTERHOODS."

To the Editor of THE LANCET.

SIR,—The article in THE LANCET of Dec. 20th on the above subject acquires additional point when considered together with the letter of the ex-Physician to the Hospital for Sick Children at Manchester. It would appear that the institution at Pendlebury is to lose the services of a physician, who has during the last three years given ample evidence of his fitness for the position he has held, simply on account of some silly dispute about sisters and nurses. I have the greatest possible respect for those ladies who, in a spirit of self-sacrificing devotion, give their best energies to the noble work of nursing the sick in our hospitals, and hitherto their influence has been beneficial, inasmuch as it has been exercised in the interests of the sick, and in aiding the work of the physicians and surgeons with whom they have acted. But if skilled officers are liable to be snubbed and suspended in consequence of misunderstandings amongst these ladies, the sooner they are replaced by a staff of properly trained and properly paid nurses the better it will be for the hospitals and the patients. I know nothing of the sisters or nurses who have been engaged at Pendlebury Hospital; but all who know Dr. Humphreys and the work he has done feel that the Committee should hesitate before they deprive the charity of the services of one whom they will not easily replace.

I remain, Sir, yours &c.,

Dec. 22nd, 1879. SUPERSEDEAS.

EFFECTS OF THE ELECTRIC LIGHT ON VISION.

To the Editor of THE LANCET.

SIR,—In your issue of about three weeks ago some remarks were made as to the possible evil effects of the electric light on the organs of vision; but as no one has taken up the point, I venture to give you my own experience of it.

In the early part of the present year I visited the exhibition of electric lighting apparatus at the Albert Hall, and examined the character of most of the lights pretty narrowly. On my return home in the evening I was surprised and annoyed to find that the gas-lamps in the street and the house appeared to be of a rose colour, with a similarly coloured halo round the flame. This effect subsided gradually, and at the end of a week had disappeared. The phenomenon was probably the result of excessive exposure of the retina to the rays of the electric light; but it is not impossible that a somewhat similar effect might be produced by long-continued exposure to a less powerful, because less concentrated glare.

Hoping that this communication may throw a little light on the question started in your remarks, which certainly requires investigation,

I remain, Sir, yours faithfully,

EDWARD C. BOUSFIELD, L.R.C.P. Lond., &c.

Burgoyne House, Wandsworth, Dec. 15th, 1879.

ERRATUM.—Our list in the ÆGNUS MEDICUS of the witnesses examined by the Select Committee on Medical Bills was incomplete. The number examined up to this point is thirteen—viz., Dr. Acland, Mr. Simon, Dr. Quain, Dr. Robt. D. Lyons, Dr. Waters, Dr. Glover, Sir Jas. Paget, Mr. W. J. C. Miller, B.A., Sir Dominic Corrigan, Professor Turner, Rev. Samuel Haughton, Mr. Ernest Hart, Dr. Andrew Wood.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Spence, Edinburgh; Dr. Brown-Séquard, Paris; Mr. Bader, London; Mr. Macnamara, London; Dr. Murrell, London; Mr. Teevan, London; Mr. G. Holmes, London; Dr. Macnalty, Pattendale; Dr. R. Neale, London; Mr. A. T. Smyth, London; Mr. Trenerry, Bristol; Mr. Crowther, Luddenden; Dr. Bousfield, Wandsworth; Mr. Crosse, Norwich; Dr. Hollis, Freshwater; Dr. Garlick, London; Dr. Masterman, Ixworth; Messrs. Maw and Co., London; Dr. Kilner, London; Mr. H. Morris, London; Mr. Padley, Swansea; Mr. Carte, London; Mr. Dunlop, Bradford; Dr. Dolan, Halifax; Dr. Drummond, Newcastle-on-Tyne; Mr. Riccard, Southmolton; Dr. Low, Helmsley; Mr. Hardey, Birmingham; Mr. Masters, Thrapston; Messrs. Herbert and Co., London; Dr. Hope, York, Western Australia; Dr. Juler, London; Dr. Kartulis, Alexandria; Dr. Muirhead, Edinburgh; Dr. Greenway, Plymouth; Dr. Brown, Wansford; Mr. Croft, London; Mr. Phillips, Plymouth; Dr. H. A. Allbutt, Leeds; Mr. Menzies, Bromley; Mr. Ayrton, London; Dr. E. Lane, London; Mr. W. S. Watson, London; Mr. Owen, Pwllheli; Mr. Twelvetrees, London; Mr. Teale, Leeds; Mr. Solomon, Titchfield; Dr. Flinn, Brownhills; Mr. Smith, Halifax; Mr. Lovett, London; Dr. Massey, Putney; Dr. Van der Meulen, Utrecht; Mr. Grantham, Dalston; Dr. Law, Richmond; Dr. Tatham, Walford; Dr. Satterthwaite, New York; Mr. Batterhouse, New York; Mr. Kenyon, Bury; Mr. Burnie, Bradford; Mr. Furder, Maidstone; Mr. Groves, London; Mr. Ramsden, Halifax; Mr. Greenwood, Liverpool; Mr. Thompson, Chelmsford; Mr. Davis, New York; Mr. Hall, London; Mr. Murphy, London; Mr. Tyson, Folkestone; Mr. Streker, Upton; Dr. M'Veagh; Mr. Carey, Widnes; Dr. Reid, Jersey; Dr. Pike, Maldon; Mr. Redwood, Rhymney; Mr. Birdwood, Pucklechurch; Dr. J. Williams, London; Dr. Pratt, Newtown; Mr. Rickard, Southmolton; Surgeon-Major Curran, Warrington; Mr. Edwards, Furneaux Pelham; Mr. Bathe, New Swinton; Dr. Mackie, Oldham; Mr. Beck, Leamington; Mr. Dobson, Aberdeen; Mr. Ryley, London; Dr. Maclaren, Tarbert; Dr. Fisher, Chelsea; Dr. Thorn, Crieff; Mr. S. Snell, Sheffield; Surgeon-Major Smith, Bristol; Mr. Hebbert, London; Mr. Ward, Natal; Dr. Lediard; Dr. Bruce, Kirkwall; Dr. Rose, Hampstead; Mr. Darlington, Bradford; Mr. Dickson, Worksop; Mr. Welton, London; Mr. Morrison, London; Mr. Carrington, Brixton; Mr. Craigie, London; Mr. Burman, Richmond; Mr. Brunton, Sydenham; Mr. Bilby, London; Mr. Harrison, Liverpool; Dr. Crocker, London; Mr. Bradford, London; Dr. Patterson, Glasgow; Dr. Maclaren, Carlisle; Mr. Whitmore, Kensington; Mr. Butlin, London; Mr. Barrow, London; Mr. Francis, Swansea; Mr. Eaton, London; Mr. Johnson, Kirkby Overflow; Dr. Cannie, Dublin; Mr. Bush, Nottingham; Mr. Saunder, Manchester; Mr. Brett, Leicester; Mr. Cocking, London; Mr. Hend, Tamerton; Mr. Smith, Aberdeen; Dr. Bowes, Berrywood; Dr. Jones, Birmingham; Mr. Macdonald, Dumfries; Surgeon-Major Spurgin, Northampton; Mr. Wormesley; Thorpe; Dr. Bigelow, Boston, U.S.A.; Dr. Kroczynski, Lemberg; Mr. Caird, London; Mr. Carrington, London; Mr. Taylor, Barnsbury; Mrs. Pope, Wimbledon; W. R. G. D. I.; Keowe; A Constant Reader; Accoucheuse Diplomée; Alfonso; An M.D. of Twenty Years' Standing; L.S.A.; Acting Surgeon; L.R.C.P.; M.D.; A Registrar; G. E. A.; A Surgeon, South America; Surgeon-Major; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Elliott, Carlisle; Mr. Hales, Bursiem; Dr. Walker, Aldborough; Dr. Pocock, London; Mr. Lewis, Hay; Mr. Hopkinson, Harrogate; Mr. Firth, Edinburgh; Mr. Kay, Claycross; Mr. Crofts, Burton-on-Trent; Mr. Cohen, Aberdeen; Messrs. Keith and Co., Edinburgh; Mr. Cronie, Charleville; Dr. Gramshaw, Gravesend; Dr. Eastwood, Darlington; Mr. Arnison, Allendale; Mr. Easton, Jedburgh; Mr. Jennings, Coleford; Mr. Bowes, Herne Bay; Dr. Tuckwell, Oxford; Dr. Gramshaw, Lowestoft; Mr. Hesslegrave, Marsden; Mr. Howell, Cambridge; Dr. Crerar, Maryport; Mr. Simpson, Sheerness; Mr. Harding; Mr. Fry; Mr. Pike, London; Mr. Barnet, Weston-super-Mare; Mr. Cave, Bromyard; Mr. Young, Chilton Polden; Dr. Water, South Petherton; Mr. Davis, Wrexham; Mr. Lovegrove, Liverpool; Mr. Larken, Hexham; Medicus, London; A. M. W., Crumlin; E. T., Bristol; Practitioner, London; A. C. G., Salisbury; Unqualified Assistant; M. B.; A. B. C., Borough; H.; Principal, West Brighton; X. M. D.; G. F., Framlingham; L. C., Gwynfa; M.D.; Cosmopolitan; M.R.C.S., Leeds; F.R.C.S., Kennington; T. H. M., Great Yarmouth; Proteus, Edinburgh; X. Y. Z., Leamington; M.R.C.S., Leamington; G. E. M., Manchester; W. A. W., Sheerness; R. S. C., Weston-super-Mare; Medicus, Biggleswade; A. X.; Paratus; W.; Dr. P., Finsbury-park; M.R.C.S.

Northern Echo, Carlisle Journal, Orcadian, High Peak News, Dundee Advertiser, Barnsley Chronicle, &c., have been received.

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Medical Diary for the ensuing Week.

Monday, Jan. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS. — Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. Lettsomian Lectures: Mr. W. F. Teevan, "On the Treatment of Stricture of the Urethra."

Tuesday, Jan. 6.

ST. MARK'S HOSPITAL.—Operations, 9 A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION. — 3 P.M. Professor Tyndall, "On Air and Water." (Juvenile Lectures).
PATHOLOGICAL SOCIETY OF LONDON. — 8½ P.M. Annual Meeting for the Election of Officers &c.—The following Specimens will be shown:—Large Gallstone passed per Anum, with Remarks on the Structure and Formation of Biliary Calculi; some Urinary and Intestinal Calculi; Syphilitic Disease of Bone in a Fœtus of six months; late Hereditary Syphilis; Malformation of the Heart, with Transposition of Aorta and Pulmonary Artery; Dislocation of the External Semilunar Cartilage; Organs affected by Visceral Syphilis; Dislocation and Fracture of Clavicle; Dislocation Forwards of first Phalanx of the Thumb; Œsophagus and Stomach from a Case of Carbolic-acid Poisoning; &c. &c.

Wednesday, Jan. 7.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN. — Operations, 2½ P.M.
EPIDEMIOLOGICAL SOCIETY (Council-room of University College). — 8 P.M. Dr. Norman Chevers: "Notes on the Relapsing Fever of India." — Surgeon-General Ross: "Remarks on Epidemic Diseases (Men and Animals) in the Colony of Natal."

Thursday, Jan. 8.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION. — 3 P.M. Professor Tyndall, "On Air and Water." (Juvenile Lectures).
HARVEIAN SOCIETY.—8½ P.M. Election of Officers; President's Address; and Conversazione.

Friday, Jan. 9.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Ordinary Meeting.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Annual Meeting; Election of Officers.—Report of the Committee appointed to inquire into the Deleterious Effects which follow the prolonged and continuous use of Chloral in ordinary doses. — Dr. Goodhart, "On a Case of Rheumatic Fever treated with Salicylate of Soda, and terminating fatally." — Mr. Pick, "On a Case of Subastragaloid Dislocation." — Dr. Hewan (for Mr. Adam), "On a Case of Bullet-wound of the Lung." — Mr. Brodhurst will show a Case of Genu Valgum (shown also last session).—Mr. T. Smith will show (1) a Case of Spontaneous Gangrene; (2) two Cases of Cystic Hygroma; (3) a large Nævus.

Saturday, Jan. 10.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

N.B.—All letters relating to Subscriptions or Advertisements should be addressed to the Publisher.

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